

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$29,002,112	\$39,933,225	\$10,931,113	38%
2	Short Term Investments	\$106,795,008	\$105,904,042	(\$890,966)	-1%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$29,686,477	\$29,920,862	\$234,385	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$10,399,677	\$2,441,664	(\$7,958,013)	-77%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,796,086	\$4,528,017	\$731,931	19%
8	Prepaid Expenses	\$1,624,613	\$1,739,804	\$115,191	7%
9	Other Current Assets	\$6,855,557	\$4,991,604	(\$1,863,953)	-27%
	<b>Total Current Assets</b>	<b>\$188,159,530</b>	<b>\$189,459,218</b>	<b>\$1,299,688</b>	<b>1%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$11,986,573	\$11,241,951	(\$744,622)	-6%
2	Board Designated for Capital Acquisition	\$0	\$8,427,695	\$8,427,695	0%
3	Funds Held in Escrow	\$7,156,167	\$2,247,370	(\$4,908,797)	-69%
4	Other Noncurrent Assets Whose Use is Limited	\$20,842,448	\$20,207,049	(\$635,399)	-3%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$39,985,188</b>	<b>\$42,124,065</b>	<b>\$2,138,877</b>	<b>5%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$1,330,365	\$1,938,833	\$608,468	46%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$293,260,723	\$321,282,313	\$28,021,590	10%
2	Less: Accumulated Depreciation	\$193,724,897	\$210,414,909	\$16,690,012	9%
	<b>Property, Plant and Equipment, Net</b>	<b>\$99,535,826</b>	<b>\$110,867,404</b>	<b>\$11,331,578</b>	<b>11%</b>
3	Construction in Progress	\$9,635,285	\$10,109,457	\$474,172	5%
	<b>Total Net Fixed Assets</b>	<b>\$109,171,111</b>	<b>\$120,976,861</b>	<b>\$11,805,750</b>	<b>11%</b>
	<b>Total Assets</b>	<b>\$338,646,194</b>	<b>\$354,498,977</b>	<b>\$15,852,783</b>	<b>5%</b>

LAWRENCE AND MEMORIAL HOSPITAL					
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FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$29,799,193	\$33,351,173	\$3,551,980	12%
2	Salaries, Wages and Payroll Taxes	\$4,746,675	\$2,751,697	(\$1,994,978)	-42%
3	Due To Third Party Payers	\$8,559,110	\$7,838,088	(\$721,022)	-8%
4	Due To Affiliates	\$4,764,147	\$1,913,991	(\$2,850,156)	-60%
5	Current Portion of Long Term Debt	\$2,866,493	\$2,976,493	\$110,000	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	<b>Total Current Liabilities</b>	<b>\$50,735,618</b>	<b>\$48,831,442</b>	<b>(\$1,904,176)</b>	<b>-4%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$61,883,130	\$82,249,920	\$20,366,790	33%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$61,883,130</b>	<b>\$82,249,920</b>	<b>\$20,366,790</b>	<b>33%</b>
3	Accrued Pension Liability	\$52,131,286	\$43,423,221	(\$8,708,065)	-17%
4	Other Long Term Liabilities	\$12,279,482	\$14,213,720	\$1,934,238	16%
	<b>Total Long Term Liabilities</b>	<b>\$126,293,898</b>	<b>\$139,886,861</b>	<b>\$13,592,963</b>	<b>11%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$137,717,053	\$142,478,037	\$4,760,984	3%
2	Temporarily Restricted Net Assets	\$18,249,300	\$17,792,779	(\$456,521)	-3%
3	Permanently Restricted Net Assets	\$5,650,325	\$5,509,858	(\$140,467)	-2%
	<b>Total Net Assets</b>	<b>\$161,616,678</b>	<b>\$165,780,674</b>	<b>\$4,163,996</b>	<b>3%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$338,646,194</b>	<b>\$354,498,977</b>	<b>\$15,852,783</b>	<b>5%</b>

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$624,951,148	\$661,160,918	\$36,209,770	6%
2	Less: Allowances	\$315,014,886	\$337,906,139	\$22,891,253	7%
3	Less: Charity Care	\$5,279,619	\$6,368,501	\$1,088,882	21%
4	Less: Other Deductions	(\$1,906,334)	(\$1,926,932)	(\$20,598)	1%
	<b>Total Net Patient Revenue</b>	<b>\$306,562,977</b>	<b>\$318,813,210</b>	<b>\$12,250,233</b>	<b>4%</b>
5	Other Operating Revenue	\$14,292,897	\$15,662,907	\$1,370,010	10%
6	Net Assets Released from Restrictions	\$412,940	\$394,829	(\$18,111)	-4%
	<b>Total Operating Revenue</b>	<b>\$321,268,814</b>	<b>\$334,870,946</b>	<b>\$13,602,132</b>	<b>4%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$134,554,159	\$141,165,650	\$6,611,491	5%
2	Fringe Benefits	\$39,948,123	\$41,723,413	\$1,775,290	4%
3	Physicians Fees	\$1,343,844	\$1,676,732	\$332,888	25%
4	Supplies and Drugs	\$37,141,661	\$39,118,046	\$1,976,385	5%
5	Depreciation and Amortization	\$16,728,407	\$17,199,558	\$471,151	3%
6	Bad Debts	\$14,381,176	\$13,865,211	(\$515,965)	-4%
7	Interest	\$2,332,245	\$2,212,177	(\$120,068)	-5%
8	Malpractice	\$5,435,494	\$3,954,496	(\$1,480,998)	-27%
9	Other Operating Expenses	\$47,783,827	\$51,415,826	\$3,631,999	8%
	<b>Total Operating Expenses</b>	<b>\$299,648,936</b>	<b>\$312,331,109</b>	<b>\$12,682,173</b>	<b>4%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$21,619,878</b>	<b>\$22,539,837</b>	<b>\$919,959</b>	<b>4%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$18,052,615)	\$4,137,772	\$22,190,387	-123%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>(\$18,052,615)</b>	<b>\$4,137,772</b>	<b>\$22,190,387</b>	<b>-123%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$3,567,263</b>	<b>\$26,677,609</b>	<b>\$23,110,346</b>	<b>648%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$3,567,263</b>	<b>\$26,677,609</b>	<b>\$23,110,346</b>	<b>648%</b>
	Principal Payments	\$2,640,000	\$2,775,000	\$135,000	5%

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$132,582,042	\$139,616,545	\$7,034,503	5%
2	MEDICARE MANAGED CARE	\$11,631,619	\$16,223,043	\$4,591,424	39%
3	MEDICAID	\$20,465,318	\$29,897,324	\$9,432,006	46%
4	MEDICAID MANAGED CARE	\$16,688,613	\$18,107,484	\$1,418,871	9%
5	CHAMPUS/TRICARE	\$10,787,694	\$12,235,130	\$1,447,436	13%
6	COMMERCIAL INSURANCE	\$15,319,153	\$7,631,501	(\$7,687,652)	-50%
7	NON-GOVERNMENT MANAGED CARE	\$56,992,539	\$60,286,502	\$3,293,963	6%
8	WORKER'S COMPENSATION	\$2,668,222	\$3,200,470	\$532,248	20%
9	SELF- PAY/UNINSURED	\$2,364,381	\$1,105,922	(\$1,258,459)	-53%
10	SAGA	\$7,258,692	\$0	(\$7,258,692)	-100%
11	OTHER	\$892,303	\$977,901	\$85,598	10%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$277,650,576</b>	<b>\$289,281,822</b>	<b>\$11,631,246</b>	<b>4%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$88,906,069	\$94,348,371	\$5,442,302	6%
2	MEDICARE MANAGED CARE	\$10,641,667	\$13,377,904	\$2,736,237	26%
3	MEDICAID	\$14,192,471	\$27,942,466	\$13,749,995	97%
4	MEDICAID MANAGED CARE	\$28,023,649	\$32,251,602	\$4,227,953	15%
5	CHAMPUS/TRICARE	\$22,929,961	\$23,023,949	\$93,988	0%
6	COMMERCIAL INSURANCE	\$30,644,334	\$17,711,987	(\$12,932,347)	-42%
7	NON-GOVERNMENT MANAGED CARE	\$127,329,696	\$144,961,817	\$17,632,121	14%
8	WORKER'S COMPENSATION	\$5,779,448	\$6,427,127	\$647,679	11%
9	SELF- PAY/UNINSURED	\$10,076,058	\$10,910,851	\$834,793	8%
10	SAGA	\$8,067,918	\$0	(\$8,067,918)	-100%
11	OTHER	\$709,301	\$923,024	\$213,723	30%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$347,300,572</b>	<b>\$371,879,098</b>	<b>\$24,578,526</b>	<b>7%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$221,488,111	\$233,964,916	\$12,476,805	6%
2	MEDICARE MANAGED CARE	\$22,273,286	\$29,600,947	\$7,327,661	33%
3	MEDICAID	\$34,657,789	\$57,839,790	\$23,182,001	67%
4	MEDICAID MANAGED CARE	\$44,712,262	\$50,359,086	\$5,646,824	13%
5	CHAMPUS/TRICARE	\$33,717,655	\$35,259,079	\$1,541,424	5%
6	COMMERCIAL INSURANCE	\$45,963,487	\$25,343,488	(\$20,619,999)	-45%
7	NON-GOVERNMENT MANAGED CARE	\$184,322,235	\$205,248,319	\$20,926,084	11%
8	WORKER'S COMPENSATION	\$8,447,670	\$9,627,597	\$1,179,927	14%
9	SELF- PAY/UNINSURED	\$12,440,439	\$12,016,773	(\$423,666)	-3%
10	SAGA	\$15,326,610	\$0	(\$15,326,610)	-100%
11	OTHER	\$1,601,604	\$1,900,925	\$299,321	19%
	<b>TOTAL GROSS REVENUE</b>	<b>\$624,951,148</b>	<b>\$661,160,920</b>	<b>\$36,209,772</b>	<b>6%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$68,016,054	\$62,725,256	(\$5,290,798)	-8%
2	MEDICARE MANAGED CARE	\$4,803,054	\$6,409,937	\$1,606,883	33%
3	MEDICAID	\$7,677,564	\$12,325,734	\$4,648,170	61%
4	MEDICAID MANAGED CARE	\$4,687,364	\$6,146,377	\$1,459,013	31%
5	CHAMPUS/TRICARE	\$4,207,315	\$4,790,269	\$582,954	14%
6	COMMERCIAL INSURANCE	\$8,342,488	\$4,710,203	(\$3,632,285)	-44%
7	NON-GOVERNMENT MANAGED CARE	\$42,715,916	\$45,443,830	\$2,727,914	6%
8	WORKER'S COMPENSATION	\$1,564,043	\$2,042,341	\$478,298	31%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$1,448,044	\$0	(\$1,448,044)	-100%
11	OTHER	\$306,466	\$131,070	(\$175,396)	-57%

**LAWRENCE AND MEMORIAL HOSPITAL  
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FISCAL YEAR 2011  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$143,768,308</b>	<b>\$144,725,017</b>	<b>\$956,709</b>	<b>1%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$22,841,206	\$27,174,464	\$4,333,258	19%
2	MEDICARE MANAGED CARE	\$2,780,930	\$3,651,657	\$870,727	31%
3	MEDICAID	\$4,278,491	\$8,910,228	\$4,631,737	108%
4	MEDICAID MANAGED CARE	\$9,369,525	\$10,618,765	\$1,249,240	13%
5	CHAMPUS/TRICARE	\$8,822,254	\$8,387,614	(\$434,640)	-5%
6	COMMERCIAL INSURANCE	\$16,757,680	\$10,399,743	(\$6,357,937)	-38%
7	NON-GOVERNMENT MANAGED CARE	\$77,993,968	\$84,447,092	\$6,453,124	8%
8	WORKER'S COMPENSATION	\$3,751,234	\$4,251,600	\$500,366	13%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$1,838,517	\$0	(\$1,838,517)	-100%
11	OTHER	\$199,525	\$454,759	\$255,234	128%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$148,633,330</b>	<b>\$158,295,922</b>	<b>\$9,662,592</b>	<b>7%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$90,857,260	\$89,899,720	(\$957,540)	-1%
2	MEDICARE MANAGED CARE	\$7,583,984	\$10,061,594	\$2,477,610	33%
3	MEDICAID	\$11,956,055	\$21,235,962	\$9,279,907	78%
4	MEDICAID MANAGED CARE	\$14,056,889	\$16,765,142	\$2,708,253	19%
5	CHAMPUS/TRICARE	\$13,029,569	\$13,177,883	\$148,314	1%
6	COMMERCIAL INSURANCE	\$25,100,168	\$15,109,946	(\$9,990,222)	-40%
7	NON-GOVERNMENT MANAGED CARE	\$120,709,884	\$129,890,922	\$9,181,038	8%
8	WORKER'S COMPENSATION	\$5,315,277	\$6,293,941	\$978,664	18%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$3,286,561	\$0	(\$3,286,561)	-100%
11	OTHER	\$505,991	\$585,829	\$79,838	16%
	<b>TOTAL NET REVENUE</b>	<b>\$292,401,638</b>	<b>\$303,020,939</b>	<b>\$10,619,301</b>	<b>4%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	6,326	6,253	(73)	-1%
2	MEDICARE MANAGED CARE	503	644	141	28%
3	MEDICAID	1,181	1,630	449	38%
4	MEDICAID MANAGED CARE	1,387	1,562	175	13%
5	CHAMPUS/TRICARE	954	890	(64)	-7%
6	COMMERCIAL INSURANCE	898	462	(436)	-49%
7	NON-GOVERNMENT MANAGED CARE	3,497	3,636	139	4%
8	WORKER'S COMPENSATION	106	105	(1)	-1%
9	SELF- PAY/UNINSURED	168	89	(79)	-47%
10	SAGA	387	0	(387)	-100%
11	OTHER	57	57	0	0%
	<b>TOTAL DISCHARGES</b>	<b>15,464</b>	<b>15,328</b>	<b>(136)</b>	<b>-1%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	35,381	36,505	1,124	3%
2	MEDICARE MANAGED CARE	2,651	3,701	1,050	40%
3	MEDICAID	6,774	8,969	2,195	32%
4	MEDICAID MANAGED CARE	4,560	5,120	560	12%
5	CHAMPUS/TRICARE	2,796	2,946	150	5%
6	COMMERCIAL INSURANCE	3,569	1,877	(1,692)	-47%
7	NON-GOVERNMENT MANAGED CARE	12,867	13,889	1,022	8%
8	WORKER'S COMPENSATION	373	434	61	16%
9	SELF- PAY/UNINSURED	636	334	(302)	-47%
10	SAGA	1,865	0	(1,865)	-100%
11	OTHER	289	307	18	6%
	<b>TOTAL PATIENT DAYS</b>	<b>71,761</b>	<b>74,082</b>	<b>2,321</b>	<b>3%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

**LAWRENCE AND MEMORIAL HOSPITAL  
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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	143,968	139,197	(4,771)	-3%
2	MEDICARE MANAGED CARE	14,382	17,301	2,919	20%
3	MEDICAID	14,251	24,922	10,671	75%
4	MEDICAID MANAGED CARE	33,953	37,233	3,280	10%
5	CHAMPUS/TRICARE	19,390	19,268	(122)	-1%
6	COMMERCIAL INSURANCE	33,206	31,530	(1,676)	-5%
7	NON-GOVERNMENT MANAGED CARE	149,784	146,619	(3,165)	-2%
8	WORKER'S COMPENSATION	4,760	4,772	12	0%
9	SELF- PAY/UNINSURED	11,649	9,380	(2,269)	-19%
10	SAGA	6,920	0	(6,920)	-100%
11	OTHER	1,176	2,338	1,162	99%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>433,439</b>	<b>432,560</b>	<b>(879)</b>	<b>0%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$13,781,152	\$14,240,565	\$459,413	3%
2	MEDICARE MANAGED CARE	\$1,144,344	\$1,541,452	\$397,108	35%
3	MEDICAID	\$6,026,639	\$1,107,481	(\$4,919,158)	-82%
4	MEDICAID MANAGED CARE	\$12,514,742	\$14,015,762	\$1,501,020	12%
5	CHAMPUS/TRICARE	\$7,519,691	\$7,844,029	\$324,338	4%
6	COMMERCIAL INSURANCE	\$6,022,563	\$4,360,919	(\$1,661,644)	-28%
7	NON-GOVERNMENT MANAGED CARE	\$23,498,776	\$22,555,514	(\$943,262)	-4%
8	WORKER'S COMPENSATION	\$1,318,044	\$1,136,665	(\$181,379)	-14%
9	SELF- PAY/UNINSURED	\$5,551,583	\$6,203,173	\$651,590	12%
10	SAGA	\$3,519,447	\$0	(\$3,519,447)	-100%
11	OTHER	\$391,826	\$1,846,612	\$1,454,786	371%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$81,288,807</b>	<b>\$74,852,172</b>	<b>(\$6,436,635)</b>	<b>-8%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$3,259,768	\$3,268,051	\$8,283	0%
2	MEDICARE MANAGED CARE	\$303,170	\$371,014	\$67,844	22%
3	MEDICAID	\$1,657,774	\$2,907,713	\$1,249,939	75%
4	MEDICAID MANAGED CARE	\$3,993,760	\$4,391,144	\$397,384	10%
5	CHAMPUS/TRICARE	\$3,095,512	\$2,836,864	(\$258,648)	-8%
6	COMMERCIAL INSURANCE	\$3,458,469	\$2,979,686	(\$478,783)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$15,181,335	\$14,362,388	(\$818,947)	-5%
8	WORKER'S COMPENSATION	\$986,710	\$821,566	(\$165,144)	-17%
9	SELF- PAY/UNINSURED	\$229,045	\$682,245	\$453,200	198%
10	SAGA	\$728,425	\$0	(\$728,425)	-100%
11	OTHER	\$90,485	\$403,450	\$312,965	346%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$32,984,453</b>	<b>\$33,024,121</b>	<b>\$39,668</b>	<b>0%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	9,960	10,083	123	1%
2	MEDICARE MANAGED CARE	764	985	221	29%
3	MEDICAID	5,287	9,382	4,095	77%
4	MEDICAID MANAGED CARE	13,785	14,787	1,002	7%
5	CHAMPUS/TRICARE	7,281	7,016	(265)	-4%
6	COMMERCIAL INSURANCE	5,266	3,686	(1,580)	-30%
7	NON-GOVERNMENT MANAGED CARE	20,002	18,534	(1,468)	-7%
8	WORKER'S COMPENSATION	1,499	1,297	(202)	-13%
9	SELF- PAY/UNINSURED	6,044	5,428	(616)	-10%
10	SAGA	3,210	0	(3,210)	-100%
11	OTHER	323	1,373	1,050	325%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>73,421</b>	<b>72,571</b>	<b>(850)</b>	<b>-1%</b>

**LAWRENCE AND MEMORIAL HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2011**  
**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$45,991,977	\$48,372,889	\$2,380,912	5%
2	Physician Salaries	\$2,994,322	\$2,740,700	(\$253,622)	-8%
3	Non-Nursing, Non-Physician Salaries	\$85,567,860	\$90,052,061	\$4,484,201	5%
	<b>Total Salaries &amp; Wages</b>	<b>\$134,554,159</b>	<b>\$141,165,650</b>	<b>\$6,611,491</b>	<b>5%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$13,654,674	\$14,297,260	\$642,586	5%
2	Physician Fringe Benefits	\$888,992	\$810,051	(\$78,941)	-9%
3	Non-Nursing, Non-Physician Fringe Benefits	\$25,404,457	\$26,616,102	\$1,211,645	5%
	<b>Total Fringe Benefits</b>	<b>\$39,948,123</b>	<b>\$41,723,413</b>	<b>\$1,775,290</b>	<b>4%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$320,772	\$288,491	(\$32,281)	-10%
2	Physician Fees	\$1,343,844	\$1,676,732	\$332,888	25%
3	Non-Nursing, Non-Physician Fees	\$4,488,291	\$4,121,629	(\$366,662)	-8%
	<b>Total Contractual Labor Fees</b>	<b>\$6,152,907</b>	<b>\$6,086,852</b>	<b>(\$66,055)</b>	<b>-1%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$26,702,516	\$28,916,037	\$2,213,521	8%
2	Pharmaceutical Costs	\$10,439,145	\$10,202,009	(\$237,136)	-2%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$37,141,661</b>	<b>\$39,118,046</b>	<b>\$1,976,385</b>	<b>5%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$3,729,867	\$3,460,991	(\$268,876)	-7%
2	Depreciation-Equipment	\$12,420,578	\$12,910,100	\$489,522	4%
3	Amortization	\$577,962	\$828,467	\$250,505	43%
	<b>Total Depreciation and Amortization</b>	<b>\$16,728,407</b>	<b>\$17,199,558</b>	<b>\$471,151</b>	<b>3%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$14,381,176	\$13,865,211	(\$515,965)	-4%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$2,332,245	\$2,212,177	(\$120,068)	-5%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$5,435,494	\$3,954,496	(\$1,480,998)	-27%
<b>I. Utilities:</b>					
1	Water	\$138,052	\$132,521	(\$5,531)	-4%
2	Natural Gas	\$1,189,235	\$1,130,500	(\$58,735)	-5%
3	Oil	\$61,742	\$60,230	(\$1,512)	-2%
4	Electricity	\$3,443,201	\$3,078,811	(\$364,390)	-11%
5	Telephone	\$545,211	\$517,320	(\$27,891)	-5%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$5,377,441</b>	<b>\$4,919,382</b>	<b>(\$458,059)</b>	<b>-9%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$1,027,667	\$948,777	(\$78,890)	-8%
2	Legal Fees	\$1,356,952	\$1,207,627	(\$149,325)	-11%
3	Consulting Fees	\$1,839,286	\$2,228,689	\$389,403	21%
4	Dues and Membership	\$516,700	\$489,553	(\$27,147)	-5%
5	Equipment Leases	\$1,850,248	\$2,664,656	\$814,408	44%
6	Building Leases	\$2,056,557	\$2,426,892	\$370,335	18%
7	Repairs and Maintenance	\$7,369,468	\$7,839,168	\$469,700	6%
8	Insurance	\$466,341	\$610,175	\$143,834	31%

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1) <b>LINE</b>	(2) <b>DESCRIPTION</b>	(3) <b>FY 2010 ACTUAL</b>	(4) <b>FY 2011 ACTUAL</b>	(5) <b>AMOUNT DIFFERENCE</b>	(6) <b>% DIFFERENCE</b>
9	Travel	\$462,182	\$473,453	\$11,271	2%
10	Conferences	\$206,510	\$300,314	\$93,804	45%
11	Property Tax	\$51,630	\$76,350	\$24,720	48%
12	General Supplies	\$2,412,118	\$2,436,633	\$24,515	1%
13	Licenses and Subscriptions	\$373,611	\$555,173	\$181,562	49%
14	Postage and Shipping	\$262,837	\$286,315	\$23,478	9%
15	Advertising	\$1,583,628	\$1,891,548	\$307,920	19%
16	Other Business Expenses	\$15,350,100	\$17,414,285	\$2,064,185	13%
	<b>Total Business Expenses</b>	<b>\$37,185,835</b>	<b>\$41,849,608</b>	<b>\$4,663,773</b>	<b>13%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$411,488	\$236,716	(\$174,772)	-42%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$299,648,936</b>	<b>\$312,331,109</b>	<b>\$12,682,173</b>	<b>4%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$17,670,326	\$17,102,734	(\$567,592)	-3%
2	General Accounting	\$1,936,934	\$1,469,145	(\$467,789)	-24%
3	Patient Billing & Collection	\$3,176,727	\$3,544,226	\$367,499	12%
4	Admitting / Registration Office	\$3,547,721	\$4,420,824	\$873,103	25%
5	Data Processing	\$7,796,242	\$8,702,132	\$905,890	12%
6	Communications	\$321,370	\$344,747	\$23,377	7%
7	Personnel	\$41,984,746	\$44,203,434	\$2,218,688	5%
8	Public Relations	\$1,020,353	\$860,283	(\$160,070)	-16%
9	Purchasing	\$1,460,249	\$1,756,798	\$296,549	20%
10	Dietary and Cafeteria	\$5,290,506	\$5,528,065	\$237,559	4%
11	Housekeeping	\$4,035,946	\$4,114,487	\$78,541	2%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$4,974,426	\$4,359,081	(\$615,345)	-12%
14	Security	\$1,378,708	\$1,644,138	\$265,430	19%
15	Repairs and Maintenance	\$4,128,832	\$4,329,324	\$200,492	5%
16	Central Sterile Supply	\$1,994,175	\$2,100,010	\$105,835	5%
17	Pharmacy Department	\$13,265,381	\$12,951,250	(\$314,131)	-2%
18	Other General Services	\$4,900,470	\$5,297,467	\$396,997	8%
	<b>Total General Services</b>	<b>\$118,883,112</b>	<b>\$122,728,145</b>	<b>\$3,845,033</b>	<b>3%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$167,871	\$198,619	\$30,748	18%
2	Residency Program	\$106,896	\$110,340	\$3,444	3%
3	Nursing Services Administration	\$2,366,753	\$3,073,851	\$707,098	30%
4	Medical Records	\$3,934,680	\$4,230,593	\$295,913	8%
5	Social Service	\$2,334,699	\$2,738,767	\$404,068	17%
6	Other Professional Services	\$3,659,713	\$3,307,523	(\$352,190)	-10%
	<b>Total Professional Services</b>	<b>\$12,570,612</b>	<b>\$13,659,693</b>	<b>\$1,089,081</b>	<b>9%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$17,745,243	\$21,139,451	\$3,394,208	19%
2	Recovery Room	\$1,003,321	\$1,027,597	\$24,276	2%
3	Anesthesiology	\$530,485	\$475,395	(\$55,090)	-10%
4	Delivery Room	\$116,942	\$120,248	\$3,306	3%
5	Diagnostic Radiology	\$4,293,221	\$4,334,844	\$41,623	1%
6	Diagnostic Ultrasound	\$2,412,318	\$2,883,167	\$470,849	20%
7	Radiation Therapy	\$2,459,530	\$2,796,424	\$336,894	14%

**LAWRENCE AND MEMORIAL HOSPITAL**  
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**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$1,686,811	\$1,640,588	(\$46,223)	-3%
9	CT Scan	\$2,241,226	\$2,317,005	\$75,779	3%
10	Laboratory	\$15,525,731	\$16,401,845	\$876,114	6%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$503,294	\$642,465	\$139,171	28%
13	Electrocardiology	\$55,645	\$37,598	(\$18,047)	-32%
14	Electroencephalography	\$222,719	\$251,811	\$29,092	13%
15	Occupational Therapy	\$1,866,957	\$1,675,977	(\$190,980)	-10%
16	Speech Pathology	\$826,926	\$837,436	\$10,510	1%
17	Audiology	\$666,910	\$572,201	(\$94,709)	-14%
18	Respiratory Therapy	\$2,928,288	\$2,891,373	(\$36,915)	-1%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$2,058,399	\$2,161,644	\$103,245	5%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$965,058	\$1,159,522	\$194,464	20%
23	Renal Dialysis	\$663,032	\$604,582	(\$58,450)	-9%
24	Emergency Room	\$13,580,435	\$13,021,547	(\$558,888)	-4%
25	MRI	\$1,431,714	\$1,443,583	\$11,869	1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,042,237	\$1,164,914	\$122,677	12%
29	Sleep Center	\$1,036,585	\$1,202,606	\$166,021	16%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$5,236,919	\$5,043,541	(\$193,378)	-4%
32	Occupational Therapy / Physical Therapy	\$3,909,201	\$4,006,475	\$97,274	2%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$7,074,338	\$7,137,509	\$63,171	1%
	<b>Total Special Services</b>	<b>\$92,083,485</b>	<b>\$96,991,348</b>	<b>\$4,907,863</b>	<b>5%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$20,178,560	\$21,774,840	\$1,596,280	8%
2	Intensive Care Unit	\$3,086,638	\$3,033,380	(\$53,258)	-2%
3	Coronary Care Unit	\$3,049,978	\$3,346,286	\$296,308	10%
4	Psychiatric Unit	\$2,442,746	\$2,526,774	\$84,028	3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$5,621,925	\$5,723,900	\$101,975	2%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$1,967,955	\$2,345,092	\$377,137	19%
9	Rehabilitation Unit	\$2,608,867	\$2,657,878	\$49,011	2%
10	Ambulatory Surgery	\$2,170,659	\$2,315,055	\$144,396	7%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$1,020,716	\$1,217,296	\$196,580	19%
	<b>Total Routine Services</b>	<b>\$42,148,044</b>	<b>\$44,940,501</b>	<b>\$2,792,457</b>	<b>7%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$33,963,683	\$34,011,422	\$47,739	0%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$299,648,936</b>	<b>\$312,331,109</b>	<b>\$12,682,173</b>	<b>4%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
<b>A. Statement of Operations Summary</b>				
1	Total Net Patient Revenue	\$280,126,452	\$ 306,562,977	\$318,813,210
2	Other Operating Revenue	12,934,063	14,705,837	16,057,736
3	Total Operating Revenue	\$293,060,515	\$321,268,814	\$334,870,946
4	Total Operating Expenses	277,530,735	299,648,936	312,331,109
5	Income/(Loss) From Operations	\$15,529,780	\$21,619,878	\$22,539,837
6	Total Non-Operating Revenue	(425,131)	(18,052,615)	4,137,772
7	Excess/(Deficiency) of Revenue Over Expenses	\$15,104,649	\$3,567,263	\$26,677,609
<b>B. Profitability Summary</b>				
1	Hospital Operating Margin	5.31%	7.13%	6.65%
2	Hospital Non Operating Margin	-0.15%	-5.95%	1.22%
3	Hospital Total Margin	5.16%	1.18%	7.87%
4	Income/(Loss) From Operations	\$15,529,780	\$21,619,878	\$22,539,837
5	Total Operating Revenue	\$293,060,515	\$321,268,814	\$334,870,946
6	Total Non-Operating Revenue	(\$425,131)	(\$18,052,615)	\$4,137,772
7	Total Revenue	\$292,635,384	\$303,216,199	\$339,008,718
8	Excess/(Deficiency) of Revenue Over Expenses	\$15,104,649	\$3,567,263	\$26,677,609
<b>C. Net Assets Summary</b>				
1	Hospital Unrestricted Net Assets	\$141,020,827	\$137,717,053	\$142,478,037
2	Hospital Total Net Assets	\$163,776,737	\$161,616,678	\$165,780,674
3	Hospital Change in Total Net Assets	(\$3,296,931)	(\$2,160,059)	\$4,163,996
4	Hospital Change in Total Net Assets %	98.0%	-1.3%	2.6%
<b>D. Cost Data Summary</b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.47</b>	<b>0.47</b>	<b>0.46</b>
2	Total Operating Expenses	\$277,530,735	\$299,648,936	\$312,331,109
3	Total Gross Revenue	\$576,860,336	\$624,951,148	\$661,160,920
4	Total Other Operating Revenue	\$12,473,743	\$14,292,897	\$15,662,907
5	<b>Private Payment to Cost Ratio</b>	<b>1.31</b>	<b>1.35</b>	<b>1.36</b>
6	Total Non-Government Payments	\$141,036,108	\$151,125,329	\$151,294,809

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
7	Total Uninsured Payments	\$0	\$0	\$0
8	Total Non-Government Charges	\$241,530,587	\$251,173,831	\$252,236,177
9	Total Uninsured Charges	\$12,979,878	\$12,440,439	\$12,016,773
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.85</b>	<b>0.86</b>	<b>0.82</b>
11	Total Medicare Payments	\$89,655,623	\$98,441,244	\$99,961,314
12	Total Medicare Charges	\$223,005,939	\$243,761,397	\$263,565,863
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.70</b>	<b>0.70</b>	<b>0.76</b>
14	Total Medicaid Payments	\$21,159,382	\$26,012,944	\$38,001,104
15	Total Medicaid Charges	\$63,933,875	\$79,370,051	\$108,198,876
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$8,239,436</b>	<b>\$8,219,444</b>	<b>\$7,851,175</b>
17	Charity Care	\$2,405,415	\$3,153,445	\$3,148,344
18	Bad Debts	\$15,090,956	\$14,381,177	\$13,865,210
19	Total Uncompensated Care	\$17,496,371	\$17,534,622	\$17,013,554
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>3.0%</b>	<b>2.7%</b>	<b>2.5%</b>
21	Total Operating Expenses	\$277,530,735	\$299,648,936	\$312,331,109
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>4.31</b>	<b>3.71</b>	<b>3.88</b>
2	Total Current Assets	\$176,993,012	\$188,159,530	\$189,459,218
3	Total Current Liabilities	\$41,039,818	\$50,735,618	\$48,831,442
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>162</b>	<b>175</b>	<b>180</b>
5	Cash and Cash Equivalents	\$17,038,903	\$29,002,112	\$39,933,225
6	Short Term Investments	99,233,961	106,795,008	105,904,042
7	Total Cash and Short Term Investments	\$116,272,864	\$135,797,120	\$145,837,267
8	Total Operating Expenses	\$277,530,735	\$299,648,936	\$312,331,109
9	Depreciation Expense	\$15,891,356	\$16,728,407	\$17,199,558
10	Operating Expenses less Depreciation Expense	\$261,639,379	\$282,920,529	\$295,131,551
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>24.20</b>	<b>25.15</b>	<b>25.28</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
12	Net Patient Accounts Receivable	\$ 27,664,974	\$ 29,686,477	\$ 29,920,862
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$9,089,438	\$8,559,110	\$7,838,088
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 18,575,536	\$ 21,127,367	\$ 22,082,774
16	Total Net Patient Revenue	\$280,126,452	\$ 306,562,977	\$ 318,813,210
17	<b><u>Average Payment Period</u></b>	<b>57.25</b>	<b>65.45</b>	<b>60.39</b>
18	Total Current Liabilities	\$41,039,818	\$50,735,618	\$48,831,442
19	Total Operating Expenses	\$277,530,735	\$299,648,936	\$312,331,109
20	Depreciation Expense	\$15,891,356	\$16,728,407	\$17,199,558
21	Total Operating Expenses less Depreciation Expense	\$261,639,379	\$282,920,529	\$295,131,551
<b>F. <u>Solvency Measures Summary</u></b>				
1	<b><u>Equity Financing Ratio</u></b>	<b>50.3</b>	<b>47.7</b>	<b>46.8</b>
2	Total Net Assets	\$163,776,737	\$161,616,678	\$165,780,674
3	Total Assets	\$325,658,355	\$338,646,194	\$354,498,977
4	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>29.1</b>	<b>18.0</b>	<b>33.5</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$15,104,649	\$3,567,263	\$26,677,609
6	Depreciation Expense	\$15,891,356	\$16,728,407	\$17,199,558
7	Excess of Revenues Over Expenses and Depreciation Expense	\$30,996,005	\$20,295,670	\$43,877,167
8	Total Current Liabilities	\$41,039,818	\$50,735,618	\$48,831,442
9	Total Long Term Debt	\$65,610,000	\$61,883,130	\$82,249,920
10	Total Current Liabilities and Total Long Term Debt	\$106,649,818	\$112,618,748	\$131,081,362
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>28.6</b>	<b>27.7</b>	<b>33.2</b>
12	Total Long Term Debt	\$65,610,000	\$61,883,130	\$82,249,920
13	Total Net Assets	\$163,776,737	\$161,616,678	\$165,780,674
14	Total Long Term Debt and Total Net Assets	\$229,386,737	\$223,499,808	\$248,030,594
15	<b><u>Debt Service Coverage Ratio</u></b>	<b>6.6</b>	<b>4.6</b>	<b>9.2</b>
16	Excess Revenues over Expenses	\$15,104,649	\$3,567,263	\$26,677,609
17	Interest Expense	\$2,570,991	\$2,332,245	\$2,212,177
18	Depreciation and Amortization Expense	\$15,891,356	\$16,728,407	\$17,199,558

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
19	Principal Payments	\$2,515,000	\$2,640,000	\$2,775,000
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	<b>11.3</b>	<b>11.6</b>	<b>12.2</b>
21	Accumulated Depreciation	\$180,112,432	\$193,724,897	\$210,414,909
22	Depreciation and Amortization Expense	\$15,891,356	\$16,728,407	\$17,199,558
<b>H. Utilization Measures Summary</b>				
1	Patient Days	69,025	71,761	74,082
2	Discharges	14,857	15,464	15,328
3	ALOS	4.6	4.6	4.8
4	Staffed Beds	252	256	256
5	Available Beds	-	256	256
6	Licensed Beds	308	308	308
6	Occupancy of Staffed Beds	75.0%	76.8%	79.3%
7	Occupancy of Available Beds	75.0%	76.8%	79.3%
8	Full Time Equivalent Employees	1,889.3	1,892.8	1,939.1
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.6%	38.2%	36.3%
2	Medicare Gross Revenue Payer Mix Percentage	38.7%	39.0%	39.9%
3	Medicaid Gross Revenue Payer Mix Percentage	11.1%	12.7%	16.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.0%	2.7%	0.3%
5	Uninsured Gross Revenue Payer Mix Percentage	2.3%	2.0%	1.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	5.4%	5.4%	5.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$228,550,709	\$238,733,392	\$240,219,404
9	Medicare Gross Revenue (Charges)	\$223,005,939	\$243,761,397	\$263,565,863
10	Medicaid Gross Revenue (Charges)	\$63,933,875	\$79,370,051	\$108,198,876
11	Other Medical Assistance Gross Revenue (Charges)	\$17,484,382	\$16,928,214	\$1,900,925
12	Uninsured Gross Revenue (Charges)	\$12,979,878	\$12,440,439	\$12,016,773
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$30,905,553	\$33,717,655	\$35,259,079
14	Total Gross Revenue (Charges)	\$576,860,336	\$624,951,148	\$661,160,920
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	53.1%	51.7%	49.9%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
2	Medicare Net Revenue Payer Mix Percentage	33.8%	33.7%	33.0%
3	Medicaid Net Revenue Payer Mix Percentage	8.0%	8.9%	12.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	1.3%	0.2%
5	Uninsured Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	4.1%	4.5%	4.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$141,036,108	\$151,125,329	\$151,294,809
9	Medicare Net Revenue (Payments)	\$89,655,623	\$98,441,244	\$99,961,314
10	Medicaid Net Revenue (Payments)	\$21,159,382	\$26,012,944	\$38,001,104
11	Other Medical Assistance Net Revenue (Payments)	\$2,726,924	\$3,792,552	\$585,829
12	Uninsured Net Revenue (Payments)	\$0	\$0	\$0
13	CHAMPUS / TRICARE Net Revenue Payments)	\$10,822,312	\$13,029,569	\$13,177,883
14	Total Net Revenue (Payments)	\$265,400,349	\$292,401,638	\$303,020,939
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	4,741	4,669	4,292
2	Medicare	6,498	6,829	6,897
3	Medical Assistance	2,751	3,012	3,249
4	Medicaid	2,254	2,568	3,192
5	Other Medical Assistance	497	444	57
6	CHAMPUS / TRICARE	867	954	890
7	Uninsured (Included In Non-Government)	217	168	89
8	Total	14,857	15,464	15,328
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	0.978500	1.058700	1.114800
2	Medicare	1.394800	1.448900	1.437000
3	Medical Assistance	0.883171	0.923982	0.951087
4	Medicaid	0.851700	0.893100	0.952800
5	Other Medical Assistance	1.025900	1.102600	0.855200
6	CHAMPUS / TRICARE	0.833900	0.730200	0.903400
7	Uninsured (Included In Non-Government)	0.897400	0.918700	0.891000
8	Total Case Mix Index	1.134487	1.184509	1.212801
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	6,855	7,469	7,543
2	Emergency Room - Treated and Discharged	72,094	73,421	72,571
3	Total Emergency Room Visits	78,949	80,890	80,114

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$1,637,073	\$604,664	(\$1,032,409)	-63%
2	Inpatient Payments	\$813,714	\$105,625	(\$708,089)	-87%
3	Outpatient Charges	\$1,665,123	\$613,242	(\$1,051,881)	-63%
4	Outpatient Payments	\$446,381	\$22,323	(\$424,058)	-95%
5	Discharges	63	28	(35)	-56%
6	Patient Days	389	180	(209)	-54%
7	Outpatient Visits (Excludes ED Visits)	2,259	696	(1,563)	-69%
8	Emergency Department Outpatient Visits	113	47	(66)	-58%
9	Emergency Department Inpatient Admissions	27	19	(8)	-30%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,302,196</b>	<b>\$1,217,906</b>	<b>(\$2,084,290)</b>	<b>-63%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,260,095</b>	<b>\$127,948</b>	<b>(\$1,132,147)</b>	<b>-90%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$37,908	\$0	(\$37,908)	-100%
2	Inpatient Payments	\$16,953	\$0	(\$16,953)	-100%
3	Outpatient Charges	\$24,507	\$9,258	(\$15,249)	-62%
4	Outpatient Payments	\$7,026	\$2,840	(\$4,186)	-60%
5	Discharges	1	0	(1)	-100%
6	Patient Days	4	0	(4)	-100%
7	Outpatient Visits (Excludes ED Visits)	22	12	(10)	-45%
8	Emergency Department Outpatient Visits	2	3	1	50%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$62,415</b>	<b>\$9,258</b>	<b>(\$53,157)</b>	<b>-85%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$23,979</b>	<b>\$2,840</b>	<b>(\$21,139)</b>	<b>-88%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$849,233	\$3,358,510	\$2,509,277	295%
2	Inpatient Payments	\$369,064	\$1,426,221	\$1,057,157	286%
3	Outpatient Charges	\$734,006	\$2,843,506	\$2,109,500	287%
4	Outpatient Payments	\$201,130	\$1,006,031	\$804,901	400%
5	Discharges	46	119	73	159%
6	Patient Days	204	751	547	268%
7	Outpatient Visits (Excludes ED Visits)	987	0	(987)	-100%
8	Emergency Department Outpatient Visits	50	0	(50)	-100%
9	Emergency Department Inpatient Admissions	26	0	(26)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,583,239</b>	<b>\$6,202,016</b>	<b>\$4,618,777</b>	<b>292%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$570,194</b>	<b>\$2,432,252</b>	<b>\$1,862,058</b>	<b>327%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$7,511,630	\$1,809,305	(\$5,702,325)	-76%
2	Inpatient Payments	\$2,947,112	\$270,745	(\$2,676,367)	-91%
3	Outpatient Charges	\$6,886,964	\$1,919,342	(\$4,967,622)	-72%
4	Outpatient Payments	\$1,786,630	\$32,187	(\$1,754,443)	-98%
5	Discharges	316	75	(241)	-76%
6	Patient Days	1,680	365	(1,315)	-78%
7	Outpatient Visits (Excludes ED Visits)	8,840	5,792	(3,048)	-34%
8	Emergency Department Outpatient Visits	469	277	(192)	-41%
9	Emergency Department Inpatient Admissions	164	95	(69)	-42%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,398,594</b>	<b>\$3,728,647</b>	<b>(\$10,669,947)</b>	<b>-74%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,733,742</b>	<b>\$302,932</b>	<b>(\$4,430,810)</b>	<b>-94%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$76,156	\$9,288,231	\$9,212,075	12096%
2	Inpatient Payments	\$29,424	\$4,109,801	\$4,080,377	13868%
3	Outpatient Charges	\$79,496	\$7,227,366	\$7,147,870	8991%
4	Outpatient Payments	\$19,055	\$2,368,319	\$2,349,264	12329%
5	Discharges	6	374	368	6133%
6	Patient Days	16	2,100	2,084	13025%
7	Outpatient Visits (Excludes ED Visits)	72	8,925	8,853	12296%
8	Emergency Department Outpatient Visits	15	584	569	3793%
9	Emergency Department Inpatient Admissions	5	212	207	4140%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$155,652</b>	<b>\$16,515,597</b>	<b>\$16,359,945</b>	<b>10511%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$48,479</b>	<b>\$6,478,120</b>	<b>\$6,429,641</b>	<b>13263%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$846,928	\$0	(\$846,928)	-100%
2	Inpatient Payments	\$352,029	\$0	(\$352,029)	-100%
3	Outpatient Charges	\$566,149	\$0	(\$566,149)	-100%
4	Outpatient Payments	\$131,996	\$0	(\$131,996)	-100%
5	Discharges	43	0	(43)	-100%
6	Patient Days	210	0	(210)	-100%
7	Outpatient Visits (Excludes ED Visits)	829	0	(829)	-100%
8	Emergency Department Outpatient Visits	69	0	(69)	-100%
9	Emergency Department Inpatient Admissions	25	0	(25)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,413,077</b>	<b>\$0</b>	<b>(\$1,413,077)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$484,025</b>	<b>\$0</b>	<b>(\$484,025)</b>	<b>-100%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$292,687	\$424,617	\$131,930	45%
2	Inpatient Payments	\$119,236	\$175,036	\$55,800	47%
3	Outpatient Charges	\$237,313	\$196,332	(\$40,981)	-17%
4	Outpatient Payments	\$69,556	\$86,907	\$17,351	25%
5	Discharges	14	18	4	29%
6	Patient Days	71	111	40	56%
7	Outpatient Visits (Excludes ED Visits)	367	388	21	6%
8	Emergency Department Outpatient Visits	20	20	0	0%
9	Emergency Department Inpatient Admissions	8	11	3	38%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$530,000</b>	<b>\$620,949</b>	<b>\$90,949</b>	<b>17%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$188,792</b>	<b>\$261,943</b>	<b>\$73,151</b>	<b>39%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$40,662	\$143,579	\$102,917	253%
2	Inpatient Payments	\$28,602	\$46,837	\$18,235	64%
3	Outpatient Charges	\$72,676	\$66,275	(\$6,401)	-9%
4	Outpatient Payments	\$19,932	\$15,230	(\$4,702)	-24%
5	Discharges	4	6	2	50%
6	Patient Days	11	35	24	218%
7	Outpatient Visits (Excludes ED Visits)	44	46	2	5%
8	Emergency Department Outpatient Visits	7	11	4	57%
9	Emergency Department Inpatient Admissions	2	4	2	100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$113,338</b>	<b>\$209,854</b>	<b>\$96,516</b>	<b>85%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$48,534</b>	<b>\$62,067</b>	<b>\$13,533</b>	<b>28%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$339,342	\$594,137	\$254,795	75%
2	Inpatient Payments	\$126,920	\$275,672	\$148,752	117%
3	Outpatient Charges	\$375,433	\$502,583	\$127,150	34%
4	Outpatient Payments	\$99,224	\$117,820	\$18,596	19%
5	Discharges	10	24	14	140%
6	Patient Days	66	159	93	141%
7	Outpatient Visits (Excludes ED Visits)	198	457	259	131%
8	Emergency Department Outpatient Visits	19	43	24	126%
9	Emergency Department Inpatient Admissions	3	12	9	300%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$714,775</b>	<b>\$1,096,720</b>	<b>\$381,945</b>	<b>53%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$226,144</b>	<b>\$393,492</b>	<b>\$167,348</b>	<b>74%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$11,631,619</b>	<b>\$16,223,043</b>	<b>\$4,591,424</b>	<b>39%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$4,803,054</b>	<b>\$6,409,937</b>	<b>\$1,606,883</b>	<b>33%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$10,641,667</b>	<b>\$13,377,904</b>	<b>\$2,736,237</b>	<b>26%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$2,780,930</b>	<b>\$3,651,657</b>	<b>\$870,727</b>	<b>31%</b>
	<b>TOTAL DISCHARGES</b>	<b>503</b>	<b>644</b>	<b>141</b>	<b>28%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,651</b>	<b>3,701</b>	<b>1,050</b>	<b>40%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>13,618</b>	<b>16,316</b>	<b>2,698</b>	<b>20%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>764</b>	<b>985</b>	<b>221</b>	<b>29%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>260</b>	<b>353</b>	<b>93</b>	<b>36%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$22,273,286</b>	<b>\$29,600,947</b>	<b>\$7,327,661</b>	<b>33%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,583,984</b>	<b>\$10,061,594</b>	<b>\$2,477,610</b>	<b>33%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$11,446,642	\$12,029,849	\$583,207	5%
2	Inpatient Payments	\$3,305,769	\$4,244,721	\$938,952	28%
3	Outpatient Charges	\$21,089,692	\$23,486,812	\$2,397,120	11%
4	Outpatient Payments	\$7,160,778	\$7,761,517	\$600,739	8%
5	Discharges	946	1,036	90	10%
6	Patient Days	3,100	3,372	272	9%
7	Outpatient Visits (Excludes ED Visits)	15,559	16,577	1,018	7%
8	Emergency Department Outpatient Visits	10,250	10,627	377	4%
9	Emergency Department Inpatient Admissions	195	163	(32)	-16%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$32,536,334</b>	<b>\$35,516,661</b>	<b>\$2,980,327</b>	<b>9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$10,466,547</b>	<b>\$12,006,238</b>	<b>\$1,539,691</b>	<b>15%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>G. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$1,937,844	\$2,235,678	\$297,834	15%
2	Inpatient Payments	\$480,292	\$699,744	\$219,452	46%
3	Outpatient Charges	\$2,599,313	\$3,312,434	\$713,121	27%
4	Outpatient Payments	\$795,848	\$973,131	\$177,283	22%
5	Discharges	139	216	77	55%
6	Patient Days	505	686	181	36%
7	Outpatient Visits (Excludes ED Visits)	1,533	2,270	737	48%
8	Emergency Department Outpatient Visits	1,425	1,672	247	17%
9	Emergency Department Inpatient Admissions	31	26	(5)	-16%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,537,157</b>	<b>\$5,548,112</b>	<b>\$1,010,955</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,276,140</b>	<b>\$1,672,875</b>	<b>\$396,735</b>	<b>31%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$3,304,127	\$3,841,957	\$537,830	16%
2	Inpatient Payments	\$901,303	\$1,201,912	\$300,609	33%
3	Outpatient Charges	\$4,334,644	\$5,452,356	\$1,117,712	26%
4	Outpatient Payments	\$1,412,899	\$1,884,117	\$471,218	33%
5	Discharges	302	310	8	3%
6	Patient Days	955	1,062	107	11%
7	Outpatient Visits (Excludes ED Visits)	3,076	3,599	523	17%
8	Emergency Department Outpatient Visits	2,110	2,488	378	18%
9	Emergency Department Inpatient Admissions	54	49	(5)	-9%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,638,771</b>	<b>\$9,294,313</b>	<b>\$1,655,542</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,314,202</b>	<b>\$3,086,029</b>	<b>\$771,827</b>	<b>33%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$16,688,613</b>	<b>\$18,107,484</b>	<b>\$1,418,871</b>	<b>9%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$4,687,364</b>	<b>\$6,146,377</b>	<b>\$1,459,013</b>	<b>31%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$28,023,649</b>	<b>\$32,251,602</b>	<b>\$4,227,953</b>	<b>15%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$9,369,525</b>	<b>\$10,618,765</b>	<b>\$1,249,240</b>	<b>13%</b>
	<b>TOTAL DISCHARGES</b>	<b>1,387</b>	<b>1,562</b>	<b>175</b>	<b>13%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>4,560</b>	<b>5,120</b>	<b>560</b>	<b>12%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>20,168</b>	<b>22,446</b>	<b>2,278</b>	<b>11%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>13,785</b>	<b>14,787</b>	<b>1,002</b>	<b>7%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>280</b>	<b>238</b>	<b>(42)</b>	<b>-15%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$44,712,262</b>	<b>\$50,359,086</b>	<b>\$5,646,824</b>	<b>13%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$14,056,889</b>	<b>\$16,765,142</b>	<b>\$2,708,253</b>	<b>19%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
 TWELVE MONTHS ACTUAL FILING  
 FISCAL YEAR 2011  
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

<b>L&amp;M CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2011</b>					
<b>REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2010 ACTUAL</b>	<b>FY 2011 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$41,222,090	\$44,580,932	\$3,358,842	8%
2	Short Term Investments	\$155,780,987	\$156,173,381	\$392,394	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$32,328,543	\$32,212,263	(\$116,280)	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$1,928	\$0	(\$1,928)	-100%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,796,086	\$4,552,611	\$756,525	20%
8	Prepaid Expenses	\$1,931,561	\$2,322,555	\$390,994	20%
9	Other Current Assets	\$7,273,638	\$5,704,433	(\$1,569,205)	-22%
	<b>Total Current Assets</b>	<b>\$242,334,833</b>	<b>\$245,546,175</b>	<b>\$3,211,342</b>	<b>1%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$11,986,573	\$11,241,951	(\$744,622)	-6%
2	Board Designated for Capital Acquisition	\$0	\$8,427,695	\$8,427,695	0%
3	Funds Held in Escrow	\$7,156,167	\$2,247,370	(\$4,908,797)	-69%
4	Other Noncurrent Assets Whose Use is Limited	\$28,832,194	\$28,731,417	(\$100,777)	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$47,974,934</b>	<b>\$50,648,433</b>	<b>\$2,673,499</b>	<b>6%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$1,330,365	\$1,938,833	\$608,468	46%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$298,131,101	\$338,146,246	\$40,015,145	13%
2	Less: Accumulated Depreciation	\$195,187,155	\$213,597,308	\$18,410,153	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$102,943,946</b>	<b>\$124,548,938</b>	<b>\$21,604,992</b>	<b>21%</b>
3	Construction in Progress	\$9,635,284	\$10,109,457	\$474,173	5%
	<b>Total Net Fixed Assets</b>	<b>\$112,579,230</b>	<b>\$134,658,395</b>	<b>\$22,079,165</b>	<b>20%</b>
	<b>Total Assets</b>	<b>\$404,219,362</b>	<b>\$432,791,836</b>	<b>\$28,572,474</b>	<b>7%</b>

<b>L&amp;M CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2011</b>					
<b>REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$33,097,324	\$35,821,187	\$2,723,863	8%
2	Salaries, Wages and Payroll Taxes	\$5,036,999	\$3,577,694	(\$1,459,305)	-29%
3	Due To Third Party Payers	\$8,839,110	\$8,013,088	(\$826,022)	-9%
4	Due To Affiliates	\$0	\$98,310	\$98,310	0%
5	Current Portion of Long Term Debt	\$2,906,408	\$3,202,481	\$296,073	10%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$156,861	\$65,242	(\$91,619)	-58%
	<b>Total Current Liabilities</b>	<b>\$50,036,702</b>	<b>\$50,778,002</b>	<b>\$741,300</b>	<b>1%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$62,148,146	\$82,249,920	\$20,101,774	32%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$62,148,146</b>	<b>\$82,249,920</b>	<b>\$20,101,774</b>	<b>32%</b>
3	Accrued Pension Liability	\$52,135,334	\$43,423,221	(\$8,712,113)	-17%
4	Other Long Term Liabilities	\$12,279,482	\$14,213,720	\$1,934,238	16%
	<b>Total Long Term Liabilities</b>	<b>\$126,562,962</b>	<b>\$139,886,861</b>	<b>\$13,323,899</b>	<b>11%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$203,283,725	\$217,665,390	\$14,381,665	7%
2	Temporarily Restricted Net Assets	\$18,658,648	\$18,924,725	\$266,077	1%
3	Permanently Restricted Net Assets	\$5,677,325	\$5,536,858	(\$140,467)	-2%
	<b>Total Net Assets</b>	<b>\$227,619,698</b>	<b>\$242,126,973</b>	<b>\$14,507,275</b>	<b>6%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$404,219,362</b>	<b>\$432,791,836</b>	<b>\$28,572,474</b>	<b>7%</b>

<b>L&amp;M CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2011</b>					
<b>REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2010 ACTUAL</b>	<b>FY 2011 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$663,899,138	\$699,985,953	\$36,086,815	5%
2	Less: Allowances	\$332,555,945	\$346,959,900	\$14,403,955	4%
3	Less: Charity Care	\$5,279,619	\$6,383,831	\$1,104,212	21%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$326,063,574</b>	<b>\$346,642,222</b>	<b>\$20,578,648</b>	<b>6%</b>
5	Other Operating Revenue	\$19,082,821	\$17,511,017	(\$1,571,804)	-8%
6	Net Assets Released from Restrictions	\$891,515	\$926,208	\$34,693	4%
	<b>Total Operating Revenue</b>	<b>\$346,037,910</b>	<b>\$365,079,447</b>	<b>\$19,041,537</b>	<b>6%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$156,922,676	\$172,671,133	\$15,748,457	10%
2	Fringe Benefits	\$43,343,606	\$45,553,162	\$2,209,556	5%
3	Physicians Fees	\$4,686,843	\$5,157,050	\$470,207	10%
4	Supplies and Drugs	\$45,148,674	\$47,120,092	\$1,971,418	4%
5	Depreciation and Amortization	\$17,160,934	\$17,704,358	\$543,424	3%
6	Bad Debts	\$17,229,746	\$14,608,057	(\$2,621,689)	-15%
7	Interest	\$2,373,694	\$2,248,192	(\$125,502)	-5%
8	Malpractice	\$5,435,494	\$3,954,496	(\$1,480,998)	-27%
9	Other Operating Expenses	\$42,682,342	\$46,814,696	\$4,132,354	10%
	<b>Total Operating Expenses</b>	<b>\$334,984,009</b>	<b>\$355,831,236</b>	<b>\$20,847,227</b>	<b>6%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$11,053,901</b>	<b>\$9,248,211</b>	<b>(\$1,805,690)</b>	<b>-16%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$3,332,139	\$8,510,159	\$5,178,020	155%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$175,335	(\$1,855,597)	(\$2,030,932)	-1158%
	<b>Total Non-Operating Revenue</b>	<b>\$3,507,474</b>	<b>\$6,654,562</b>	<b>\$3,147,088</b>	<b>90%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$14,561,375</b>	<b>\$15,902,773</b>	<b>\$1,341,398</b>	<b>9%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$14,561,375</b>	<b>\$15,902,773</b>	<b>\$1,341,398</b>	<b>9%</b>

<b>L&amp;M CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$295,154,990	\$326,063,574	\$346,642,222
2	Other Operating Revenue	18,040,188	19,974,336	18,437,225
3	Total Operating Revenue	\$313,195,178	\$346,037,910	\$365,079,447
4	Total Operating Expenses	306,676,772	334,984,009	355,831,236
5	Income/(Loss) From Operations	\$6,518,406	\$11,053,901	\$9,248,211
6	Total Non-Operating Revenue	(1,362,535)	3,507,474	6,654,562
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,155,871	\$14,561,375	\$15,902,773
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	2.09%	3.16%	2.49%
2	Parent Corporation Non-Operating Margin	-0.44%	1.00%	1.79%
3	Parent Corporation Total Margin	1.65%	4.17%	4.28%
4	Income/(Loss) From Operations	\$6,518,406	\$11,053,901	\$9,248,211
5	Total Operating Revenue	\$313,195,178	\$346,037,910	\$365,079,447
6	Total Non-Operating Revenue	(\$1,362,535)	\$3,507,474	\$6,654,562
7	Total Revenue	\$311,832,643	\$349,545,384	\$371,734,009
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,155,871	\$14,561,375	\$15,902,773
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	\$187,324,944	\$203,283,725	\$217,665,390
2	Parent Corporation Total Net Assets	\$210,656,012	\$227,619,698	\$242,126,973
3	Parent Corporation Change in Total Net Assets	(\$11,876,621)	\$16,963,686	\$14,507,275
4	Parent Corporation Change in Total Net Assets %	94.7%	8.1%	6.4%

<b>L&amp;M CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>4.97</b>	<b>4.84</b>	<b>4.84</b>
2	Total Current Assets	\$215,144,248	\$242,334,833	\$245,546,175
3	Total Current Liabilities	\$43,282,945	\$50,036,702	\$50,778,002
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>215</b>	<b>226</b>	<b>217</b>
5	Cash and Cash Equivalents	\$30,049,949	\$41,222,090	\$44,580,932
6	Short Term Investments	141,225,546	155,780,987	156,173,381
7	Total Cash and Short Term Investments	\$171,275,495	\$197,003,077	\$200,754,313
8	Total Operating Expenses	\$306,676,772	\$334,984,009	\$355,831,236
9	Depreciation Expense	\$16,403,646	\$17,160,934	\$17,704,358
10	Operating Expenses less Depreciation Expense	\$290,273,126	\$317,823,075	\$338,126,878
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>26</b>	<b>26</b>	<b>25</b>
12	Net Patient Accounts Receivable	\$ 29,961,635	\$ 32,328,543	\$ 32,212,263
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$9,222,736	\$8,839,110	\$8,013,088
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 20,738,899	\$ 23,489,433	\$ 24,199,175
16	Total Net Patient Revenue	\$295,154,990	\$326,063,574	\$346,642,222
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>54</b>	<b>57</b>	<b>55</b>
18	Total Current Liabilities	\$43,282,945	\$50,036,702	\$50,778,002
19	Total Operating Expenses	\$306,676,772	\$334,984,009	\$355,831,236
20	Depreciation Expense	\$16,403,646	\$17,160,934	\$17,704,358
21	Total Operating Expenses less Depreciation Expense	\$290,273,126	\$317,823,075	\$338,126,878

<b>L&amp;M CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>56.2</b>	<b>56.3</b>	<b>55.9</b>
2	Total Net Assets	\$210,656,012	\$227,619,698	\$242,126,973
3	Total Assets	\$375,114,915	\$404,219,362	\$432,791,836
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>19.7</b>	<b>28.3</b>	<b>25.3</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,155,871	\$14,561,375	\$15,902,773
6	Depreciation Expense	\$16,403,646	\$17,160,934	\$17,704,358
7	Excess of Revenues Over Expenses and Depreciation Expense	\$21,559,517	\$31,722,309	\$33,607,131
8	Total Current Liabilities	\$43,282,945	\$50,036,702	\$50,778,002
9	Total Long Term Debt	\$65,938,421	\$62,148,146	\$82,249,920
10	Total Current Liabilities and Total Long Term Debt	\$109,221,366	\$112,184,848	\$133,027,922
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>23.8</b>	<b>21.4</b>	<b>25.4</b>
12	Total Long Term Debt	\$65,938,421	\$62,148,146	\$82,249,920
13	Total Net Assets	\$210,656,012	\$227,619,698	\$242,126,973
14	Total Long Term Debt and Total Net Assets	\$276,594,433	\$289,767,844	\$324,376,893

LAWRENCE AND MEMORIAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	47,701	10,702	10,339	148	148	88.3%	88.3%
2	ICU/CCU (Excludes Neonatal ICU)	5,369	368	0	20	20	73.5%	73.5%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,800	374	374	18	18	73.1%	73.1%
	<b>TOTAL PSYCHIATRIC</b>	<b>4,800</b>	<b>374</b>	<b>374</b>	<b>18</b>	<b>18</b>	<b>73.1%</b>	<b>73.1%</b>
5	Rehabilitation	4,627	598	598	16	16	79.2%	79.2%
6	Maternity	4,581	1,674	1,674	24	24	52.3%	52.3%
7	Newborn	3,537	1,427	1,427	14	14	69.2%	69.2%
8	Neonatal ICU	2,354	192	0	10	10	64.5%	64.5%
9	Pediatric	1,113	361	361	6	6	50.8%	50.8%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>70,545</b>	<b>13,901</b>	<b>13,346</b>	<b>242</b>	<b>242</b>	<b>79.9%</b>	<b>79.9%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>74,082</b>	<b>15,328</b>	<b>14,773</b>	<b>256</b>	<b>256</b>	<b>79.3%</b>	<b>79.3%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>74,082</b>	<b>15,328</b>	<b>14,773</b>	<b>256</b>	<b>256</b>	<b>79.3%</b>	<b>79.3%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>71,761</b>	<b>0</b>	<b>0</b>	<b>256</b>	<b>256</b>	<b>76.8%</b>	<b>76.8%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>2,321</b>	<b>15,328</b>	<b>14,773</b>	<b>0</b>	<b>0</b>	<b>2.5%</b>	<b>2.5%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>3%</b>
	Total Licensed Beds and Bassinets	308						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	9,329	7,555	-1,774	-19%
2	Outpatient Scans (Excluding Emergency Department Scans)	12,269	10,682	-1,587	-13%
3	Emergency Department Scans	9,747	8,049	-1,698	-17%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>31,345</b>	<b>26,286</b>	<b>-5,059</b>	<b>-16%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	1,424	1,564	140	10%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,616	9,945	329	3%
3	Emergency Department Scans	105	110	5	5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>11,145</b>	<b>11,619</b>	<b>474</b>	<b>4%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	7	2	-5	-71%
2	Outpatient Scans (Excluding Emergency Department Scans)	495	419	-76	-15%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>502</b>	<b>421</b>	<b>-81</b>	<b>-16%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	199	183	-16	-8%
2	Outpatient Procedures	9,288	8,255	-1,033	-11%
	<b>Total Linear Accelerator Procedures</b>	<b>9,487</b>	<b>8,438</b>	<b>-1,049</b>	<b>-11%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	485	364	-121	-25%
2	Outpatient Procedures	271	289	18	7%
	<b>Total Cardiac Catheterization Procedures</b>	<b>756</b>	<b>653</b>	<b>-103</b>	<b>-14%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	81	70	-11	-14%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>81</b>	<b>70</b>	<b>-11</b>	<b>-14%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	2,787	2,962	175	6%
2	Outpatient Surgical Procedures	9,920	10,501	581	6%
	<b>Total Surgical Procedures</b>	<b>12,707</b>	<b>13,463</b>	<b>756</b>	<b>6%</b>
<b>J. Endoscopy Procedures</b>					

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	795	665	-130	-16%
2	Outpatient Endoscopy Procedures	2,238	2,120	-118	-5%
	<b>Total Endoscopy Procedures</b>	<b>3,033</b>	<b>2,785</b>	<b>-248</b>	<b>-8%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	7,469	7,543	74	1%
2	Emergency Room Visits: Treated and Discharged	73,421	72,571	-850	-1%
	<b>Total Emergency Room Visits</b>	<b>80,890</b>	<b>80,114</b>	<b>-776</b>	<b>-1%</b>
<b>L. Hospital Clinic Visits</b>					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	14,663	14,030	-633	-4%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>14,663</b>	<b>14,030</b>	<b>-633</b>	<b>-4%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	71,173	69,848	-1,325	-2%
2	Cardiology	3,878	3,935	57	1%
3	Chemotherapy	1,814	1,735	-79	-4%
4	Gastroenterology	4,275	3,464	-811	-19%
5	Other Outpatient Visits	282,208	280,827	-1,381	0%
	<b>Total Other Hospital Outpatient Visits</b>	<b>363,348</b>	<b>359,809</b>	<b>-3,539</b>	<b>-1%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	496.9	519.2	22.3	4%
2	Total Physician FTEs	8.1	9.4	1.3	16%
3	Total Non-Nursing and Non-Physician FTEs	1,387.8	1,410.5	22.7	2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,892.8</b>	<b>1,939.1</b>	<b>46.3</b>	<b>2%</b>

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	L&M 365 Montauk Hospital	7,176	7,747	571	8%
2	Pequot Health Center Groton	2,744	2,754	10	0%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>9,920</b>	<b>10,501</b>	<b>581</b>	<b>6%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	L&M 365 Montauk Ave Hospital	2,238	2,120	-118	-5%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,238</b>	<b>2,120</b>	<b>-118</b>	<b>-5%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	L&M 365 Montauk Ave Hospital	34,351	36,021	1,670	5%
2	Pequot Health Center Groton	39,070	36,550	-2,520	-6%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>73,421</b>	<b>72,571</b>	<b>-850</b>	<b>-1%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$144,213,661	\$155,839,588	\$11,625,927	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$72,819,108	\$69,135,193	(\$3,683,915)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.49%	44.36%	-6.13%	-12%
4	DISCHARGES	6,829	6,897	68	1%
5	CASE MIX INDEX (CMI)	1.44890	1.43700	(0.01190)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,894,53810	9,910,98900	16,45090	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,359.53	\$6,975.61	(\$383.92)	-5%
8	PATIENT DAYS	38,032	40,206	2,174	6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,914.68	\$1,719.52	(\$195.16)	-10%
10	AVERAGE LENGTH OF STAY	5.6	5.8	0.3	5%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$99,547,736	\$107,726,275	\$8,178,539	8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,622,136	\$30,826,121	\$5,203,985	20%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.74%	28.62%	2.88%	11%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	69.03%	69.13%	0.10%	0%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,713.91881	4,767.64684	53.72803	1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,435.42	\$6,465.69	\$1,030.27	19%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$243,761,397	\$263,565,863	\$19,804,466	8%
18	TOTAL ACCRUED PAYMENTS	\$98,441,244	\$99,961,314	\$1,520,070	2%
19	TOTAL ALLOWANCES	\$145,320,153	\$163,604,549	\$18,284,396	13%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$77,344,295	\$72,224,395	(\$5,119,900)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,622,447	\$52,196,374	(\$426,073)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	68.04%	72.27%	4.23%	6%
4	DISCHARGES	4,669	4,292	(377)	-8%
5	CASE MIX INDEX (CMI)	1.05870	1.11480	0.05610	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,943.07030	4,784.72160	(158.34870)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,645.70	\$10,908.97	\$263.27	2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,286.17)	(\$3,933.36)	(\$647.18)	20%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$16,243,794)	(\$18,820,023)	(\$2,576,229)	16%
10	PATIENT DAYS	17,445	16,534	(911)	-5%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,016.48	\$3,156.91	\$140.43	5%
12	AVERAGE LENGTH OF STAY	3.7	3.9	0.1	3%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$173,829,536	\$180,011,782	\$6,182,246	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$98,502,882	\$99,098,435	\$595,553	1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	56.67%	55.05%	-1.62%	-3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	224.75%	249.24%	24.49%	11%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,493.47083	10,697.36297	203.89213	2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,387.06	\$9,263.82	(\$123.24)	-1%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$3,951.64)	(\$2,798.13)	\$1,153.51	-29%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$41,466,444)	(\$29,932,615)	\$11,533,830	-28%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$251,173,831	\$252,236,177	\$1,062,346	0%
22	TOTAL ACCRUED PAYMENTS	\$151,125,329	\$151,294,809	\$169,480	0%
23	TOTAL ALLOWANCES	\$100,048,502	\$100,941,368	\$892,866	1%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$57,710,238)	(\$48,752,637)	\$8,957,601	-16%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$224,291,485	\$240,219,404	\$15,927,919	7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$149,127,437	\$151,294,809	\$2,167,372	1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,164,048	\$88,924,595	\$13,760,547	18%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	33.51%	37.02%	3.51%	

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$2,364,381	\$1,105,922	(\$1,258,459)	-53%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	168	89	(79)	-47%
5	CASE MIX INDEX (CMI)	0.91870	0.89100	(0.02770)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	154.34160	79.29900	(75.04260)	-49%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$10,645.70	\$10,908.97	\$263.27	2%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,359.53	\$6,975.61	(\$383.92)	-5%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,135,881	\$553,159	(\$582,722)	-51%
11	PATIENT DAYS	636	334	(302)	-47%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	3.8	3.8	(0.0)	-1%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,076,058	\$10,910,851	\$834,793	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	426.16%	986.58%	560.42%	132%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	715.94965	878.05988	162.11023	23%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,387.06	\$9,263.82	(\$123.24)	-1%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,435.42	\$6,465.69	\$1,030.27	19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,891,488	\$5,677,262	\$1,785,774	46%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$12,440,439	\$12,016,773	(\$423,666)	-3%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$12,440,439	\$12,016,773	(\$423,666)	-3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,027,369	\$6,230,421	\$1,203,052	24%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$37,153,931	\$48,004,808	\$10,850,877	29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,364,928	\$18,472,111	\$6,107,183	49%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.28%	38.48%	5.20%	16%
4	DISCHARGES	2,568	3,192	624	24%
5	CASE MIX INDEX (CMI)	0.89310	0.95280	0.05970	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,293.48080	3,041.33760	747.85680	33%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,391.34	\$6,073.68	\$682.34	13%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,254.36	\$4,835.29	(\$419.08)	-8%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,968.19	\$901.93	(\$1,066.26)	-54%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,514,003	\$2,743,074	(\$1,770,929)	-39%
11	PATIENT DAYS	11,334	14,089	2,755	24%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,090.96	\$1,311.10	\$220.14	20%
13	AVERAGE LENGTH OF STAY	4.4	4.4	0.0	0%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$42,216,120	\$60,194,068	\$17,977,948	43%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,648,016	\$19,528,993	\$5,880,977	43%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.33%	32.44%	0.11%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	113.62%	125.39%	11.77%	10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,917.88764	4,002.50460	1,084.61696	37%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,677.36	\$4,879.19	\$201.83	4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,709.70	\$4,384.63	(\$325.08)	-7%
21	MEDICARE - MEDICAID OP PMT / OPED	\$758.06	\$1,586.50	\$828.44	109%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,211,933	\$6,349,956	\$4,138,023	187%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$79,370,051	\$108,198,876	\$28,828,825	36%
24	TOTAL ACCRUED PAYMENTS	\$26,012,944	\$38,001,104	\$11,988,160	46%
25	TOTAL ALLOWANCES	\$53,357,107	\$70,197,772	\$16,840,665	32%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,725,936	\$9,093,030	\$2,367,094	35%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$8,150,995	\$977,901	(\$7,173,094)	-88%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,754,510	\$131,070	(\$1,623,440)	-93%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.53%	13.40%	-8.12%	-38%
4	DISCHARGES	444	57	(387)	-87%
5	CASE MIX INDEX (CMI)	1.10260	0.85520	(0.24740)	-22%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	489.55440	48.74640	(440.80800)	-90%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,583.89	\$2,688.81	(\$895.08)	-25%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,061.81	\$8,220.15	\$1,158.34	16%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,775.63	\$4,286.80	\$511.16	14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,848,378	\$208,966	(\$1,639,412)	-89%
11	PATIENT DAYS	2,154	307	(1,847)	-86%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$814.54	\$426.94	(\$387.60)	-48%
13	AVERAGE LENGTH OF STAY	4.9	5.4	0.5	11%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,777,219	\$923,024	(\$7,854,195)	-89%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,038,042	\$454,759	(\$1,583,283)	-78%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.22%	49.27%	26.05%	112%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	107.68%	94.39%	-13.29%	-12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	478.11160	53.80132	(424.31027)	-89%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,262.69	\$8,452.56	\$4,189.87	98%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,124.37	\$811.26	(\$4,313.12)	-84%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$1,172.73	(\$1,986.87)	(\$3,159.60)	-269%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$560,696	(\$106,896)	(\$667,592)	-119%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$16,928,214	\$1,900,925	(\$15,027,289)	-89%
24	TOTAL ACCRUED PAYMENTS	\$3,792,552	\$585,829	(\$3,206,723)	-85%
25	TOTAL ALLOWANCES	\$13,135,662	\$1,315,096	(\$11,820,566)	-90%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,409,074	\$102,069	(\$2,307,005)	-96%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$45,304,926	\$48,982,709	\$3,677,783	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,119,438	\$18,603,181	\$4,483,743	32%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.17%	37.98%	6.81%	22%
4	DISCHARGES	3,012	3,249	237	8%
5	CASE MIX INDEX (CMI)	0.92398	0.95109	0.02711	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,783.03520	3,090.08400	307.04880	11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,073.40	\$6,020.28	\$946.89	19%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,572.31	\$4,888.68	(\$683.62)	-12%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,286.13	\$955.33	(\$1,330.80)	-58%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,362,381	\$2,952,040	(\$3,410,342)	-54%
11	PATIENT DAYS	13,488	14,396	908	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,046.81	\$1,292.25	\$245.43	23%
13	AVERAGE LENGTH OF STAY	4.5	4.4	(0.0)	-1%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$50,993,339	\$61,117,092	\$10,123,753	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,686,058	\$19,983,752	\$4,297,694	27%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.76%	32.70%	1.94%	6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	112.56%	124.77%	12.22%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,395.99924	4,056.30593	660.30669	19%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,618.98	\$4,926.59	\$307.61	7%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,768.08	\$4,337.23	(\$430.85)	-9%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$816.44	\$1,539.10	\$722.66	89%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,772,630	\$6,243,060	\$3,470,430	125%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$96,298,265	\$110,099,801	\$13,801,536	14%
24	TOTAL ACCRUED PAYMENTS	\$29,805,496	\$38,586,933	\$8,781,437	29%
25	TOTAL ALLOWANCES	\$66,492,769	\$71,512,868	\$5,020,099	8%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$10,787,694	\$12,235,130	\$1,447,436	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,207,315	\$4,790,269	\$582,954	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.00%	39.15%	0.15%	0%
4	DISCHARGES	954	890	(64)	-7%
5	CASE MIX INDEX (CMI)	0.73020	0.90340	0.17320	24%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	696.61080	804.02600	107.41520	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,039.69	\$5,957.85	(\$81.84)	-1%
8	PATIENT DAYS	2,796	2,946	150	5%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,504.76	\$1,626.02	\$121.26	8%
10	AVERAGE LENGTH OF STAY	2.9	3.3	0.4	13%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,929,961	\$23,023,949	\$93,988	0%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,822,254	\$8,387,614	(\$434,640)	-5%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$33,717,655	\$35,259,079	\$1,541,424	5%
14	TOTAL ACCRUED PAYMENTS	\$13,029,569	\$13,177,883	\$148,314	1%
15	TOTAL ALLOWANCES	\$20,688,086	\$22,081,196	\$1,393,110	7%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$14,292,897	\$15,662,907	\$1,370,010	10%
2	TOTAL OPERATING EXPENSES	\$299,648,936	\$312,331,109	\$12,682,173	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,906,334	\$0	(\$1,906,334)	-100%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$3,153,445	\$3,148,344	(\$5,101)	0%
5	BAD DEBTS (CHARGES)	\$14,381,177	\$13,865,210	(\$515,967)	-4%
6	UNCOMPENSATED CARE (CHARGES)	\$17,534,622	\$17,013,554	(\$521,068)	-3%
7	COST OF UNCOMPENSATED CARE	\$8,257,572	\$7,465,447	(\$792,126)	-10%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$96,298,265	\$110,099,801	\$13,801,536	14%
9	TOTAL ACCRUED PAYMENTS	\$29,805,496	\$38,586,933	\$8,781,437	29%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$45,349,701	\$48,311,139	\$2,961,438	7%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$15,544,205	\$9,724,206	(\$5,819,999)	-37%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$277,650,576	\$289,281,822	\$11,631,246	4%
2	TOTAL INPATIENT PAYMENTS	\$143,768,308	\$144,725,017	\$956,709	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	51.78%	50.03%	-1.75%	-3%
4	TOTAL DISCHARGES	15,464	15,328	(136)	-1%
5	TOTAL CASE MIX INDEX	1.18451	1.21280	0.02829	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	18,317,25440	18,589,82060	272,56620	1%
7	TOTAL OUTPATIENT CHARGES	\$347,300,572	\$371,879,098	\$24,578,526	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	125.09%	128.55%	3.47%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$148,633,330	\$158,295,922	\$9,662,592	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.80%	42.57%	-0.23%	-1%
11	TOTAL CHARGES	\$624,951,148	\$661,160,920	\$36,209,772	6%
12	TOTAL PAYMENTS	\$292,401,638	\$303,020,939	\$10,619,301	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	46.79%	45.83%	-0.96%	-2%
14	PATIENT DAYS	71,761	74,082	2,321	3%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$200,306,281	\$217,057,427	\$16,751,146	8%
2	INPATIENT PAYMENTS	\$91,145,861	\$92,528,643	\$1,382,782	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	45.50%	42.63%	-2.87%	-6%
4	DISCHARGES	10,795	11,036	241	2%
5	CASE MIX INDEX	1.23892	1.25092	0.01199	1%
6	CASE MIX ADJUSTED DISCHARGES	13,374.18410	13,805.09900	430.91490	3%
7	OUTPATIENT CHARGES	\$173,471,036	\$191,867,316	\$18,396,280	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	86.60%	88.39%	1.79%	2%
9	OUTPATIENT PAYMENTS	\$50,130,448	\$59,197,487	\$9,067,039	18%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.90%	30.85%	1.95%	7%
11	TOTAL CHARGES	\$373,777,317	\$408,924,743	\$35,147,426	9%
12	TOTAL PAYMENTS	\$141,276,309	\$151,726,130	\$10,449,821	7%
13	TOTAL PAYMENTS / CHARGES	37.80%	37.10%	-0.69%	-2%
14	PATIENT DAYS	54,316	57,548	3,232	6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$232,501,008	\$257,198,613	\$24,697,605	11%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.6	5.8	0.3	5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.9	0.1	3%
3	UNINSURED	3.8	3.8	(0.0)	-1%
4	MEDICAID	4.4	4.4	0.0	0%
5	OTHER MEDICAL ASSISTANCE	4.9	5.4	0.5	11%
6	CHAMPUS / TRICARE	2.9	3.3	0.4	13%
7	TOTAL AVERAGE LENGTH OF STAY	4.6	4.8	0.2	4%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$624,951,148	\$661,160,920	\$36,209,772	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$232,501,008	\$257,198,613	\$24,697,605	11%
3	UNCOMPENSATED CARE	\$17,534,622	\$17,013,554	(\$521,068)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,164,048	\$88,924,595	\$13,760,547	18%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,349,828	\$7,910,671	\$560,843	8%
6	TOTAL ADJUSTMENTS	\$332,549,506	\$371,047,433	\$38,497,927	12%
7	TOTAL ACCRUED PAYMENTS	\$292,401,642	\$290,113,487	(\$2,288,155)	-1%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$1,906,334	\$0	(\$1,906,334)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$294,307,976	\$290,113,487	(\$4,194,489)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4709295710	0.4387940639	(0.0321355070)	-7%
11	COST OF UNCOMPENSATED CARE	\$8,257,572	\$7,465,447	(\$792,126)	-10%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$15,544,205	\$9,724,206	(\$5,819,999)	-37%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$23,801,777	\$17,189,653	(\$6,612,124)	-28%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$2,211,933	\$6,349,956	\$4,138,023	187%
2	OTHER MEDICAL ASSISTANCE	\$2,409,074	\$102,069	(\$2,307,005)	-96%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,027,369	\$6,230,421	\$1,203,052	24%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,648,377	\$12,682,447	\$3,034,070	31%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$12,440,436	\$15,323,591	\$2,883,155	23.18%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$12,255,002	\$15,792,142	\$3,537,140	28.86%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$306,562,977	\$318,813,210	\$12,250,233	4.00%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$624,951,148	\$661,160,918	\$36,209,770	5.79%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$2,126,174	\$3,220,157	\$1,093,983	51.45%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$19,660,796	\$20,233,711	\$572,915	2.91%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,344,295	\$72,224,395	(\$5,119,900)
2	MEDICARE	\$144,213,661	155,839,588	\$11,625,927
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$45,304,926	48,982,709	\$3,677,783
4	MEDICAID	\$37,153,931	48,004,808	\$10,850,877
5	OTHER MEDICAL ASSISTANCE	\$8,150,995	977,901	(\$7,173,094)
6	CHAMPUS / TRICARE	\$10,787,694	12,235,130	\$1,447,436
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,364,381	1,105,922	(\$1,258,459)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$200,306,281</b>	<b>\$217,057,427</b>	<b>\$16,751,146</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$277,650,576</b>	<b>\$289,281,822</b>	<b>\$11,631,246</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$173,829,536	\$180,011,782	\$6,182,246
2	MEDICARE	\$99,547,736	107,726,275	\$8,178,539
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$50,993,339	61,117,092	\$10,123,753
4	MEDICAID	\$42,216,120	60,194,068	\$17,977,948
5	OTHER MEDICAL ASSISTANCE	\$8,777,219	923,024	(\$7,854,195)
6	CHAMPUS / TRICARE	\$22,929,961	23,023,949	\$93,988
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,076,058	10,910,851	\$834,793
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$173,471,036</b>	<b>\$191,867,316</b>	<b>\$18,396,280</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$347,300,572</b>	<b>\$371,879,098</b>	<b>\$24,578,526</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$251,173,831	\$252,236,177	\$1,062,346
2	TOTAL MEDICARE	\$243,761,397	\$263,565,863	\$19,804,466
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$96,298,265	\$110,099,801	\$13,801,536
4	TOTAL MEDICAID	\$79,370,051	\$108,198,876	\$28,828,825
5	TOTAL OTHER MEDICAL ASSISTANCE	\$16,928,214	\$1,900,925	(\$15,027,289)
6	TOTAL CHAMPUS / TRICARE	\$33,717,655	\$35,259,079	\$1,541,424
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,440,439	\$12,016,773	(\$423,666)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$373,777,317</b>	<b>\$408,924,743</b>	<b>\$35,147,426</b>
	<b>TOTAL CHARGES</b>	<b>\$624,951,148</b>	<b>\$661,160,920</b>	<b>\$36,209,772</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,622,447	\$52,196,374	(\$426,073)
2	MEDICARE	\$72,819,108	69,135,193	(\$3,683,915)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,119,438	18,603,181	\$4,483,743
4	MEDICAID	\$12,364,928	18,472,111	\$6,107,183
5	OTHER MEDICAL ASSISTANCE	\$1,754,510	131,070	(\$1,623,440)
6	CHAMPUS / TRICARE	\$4,207,315	4,790,269	\$582,954
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$91,145,861</b>	<b>\$92,528,643</b>	<b>\$1,382,782</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$143,768,308</b>	<b>\$144,725,017</b>	<b>\$956,709</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$98,502,882	\$99,098,435	\$595,553
2	MEDICARE	\$25,622,136	30,826,121	\$5,203,985
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,686,058	19,983,752	\$4,297,694
4	MEDICAID	\$13,648,016	19,528,993	\$5,880,977
5	OTHER MEDICAL ASSISTANCE	\$2,038,042	454,759	(\$1,583,283)
6	CHAMPUS / TRICARE	\$8,822,254	8,387,614	(\$434,640)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$50,130,448</b>	<b>\$59,197,487</b>	<b>\$9,067,039</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$148,633,330</b>	<b>\$158,295,922</b>	<b>\$9,662,592</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$151,125,329	\$151,294,809	\$169,480
2	TOTAL MEDICARE	\$98,441,244	\$99,961,314	\$1,520,070
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,805,496	\$38,586,933	\$8,781,437
4	TOTAL MEDICAID	\$26,012,944	\$38,001,104	\$11,988,160
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,792,552	\$585,829	(\$3,206,723)
6	TOTAL CHAMPUS / TRICARE	\$13,029,569	\$13,177,883	\$148,314
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$141,276,309</b>	<b>\$151,726,130</b>	<b>\$10,449,821</b>
	<b>TOTAL PAYMENTS</b>	<b>\$292,401,638</b>	<b>\$303,020,939</b>	<b>\$10,619,301</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.38%	10.92%	-1.45%
2	MEDICARE	23.08%	23.57%	0.49%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.25%	7.41%	0.16%
4	MEDICAID	5.95%	7.26%	1.32%
5	OTHER MEDICAL ASSISTANCE	1.30%	0.15%	-1.16%
6	CHAMPUS / TRICARE	1.73%	1.85%	0.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.38%	0.17%	-0.21%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>32.05%</b>	<b>32.83%</b>	<b>0.78%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>44.43%</b>	<b>43.75%</b>	<b>-0.67%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.81%	27.23%	-0.59%
2	MEDICARE	15.93%	16.29%	0.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.16%	9.24%	1.08%
4	MEDICAID	6.76%	9.10%	2.35%
5	OTHER MEDICAL ASSISTANCE	1.40%	0.14%	-1.26%
6	CHAMPUS / TRICARE	3.67%	3.48%	-0.19%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.61%	1.65%	0.04%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>27.76%</b>	<b>29.02%</b>	<b>1.26%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>55.57%</b>	<b>56.25%</b>	<b>0.67%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.00%	17.23%	-0.77%
2	MEDICARE	24.90%	22.82%	-2.09%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.83%	6.14%	1.31%
4	MEDICAID	4.23%	6.10%	1.87%
5	OTHER MEDICAL ASSISTANCE	0.60%	0.04%	-0.56%
6	CHAMPUS / TRICARE	1.44%	1.58%	0.14%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>31.17%</b>	<b>30.54%</b>	<b>-0.64%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>49.17%</b>	<b>47.76%</b>	<b>-1.41%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.69%	32.70%	-0.98%
2	MEDICARE	8.76%	10.17%	1.41%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.36%	6.59%	1.23%
4	MEDICAID	4.67%	6.44%	1.78%
5	OTHER MEDICAL ASSISTANCE	0.70%	0.15%	-0.55%
6	CHAMPUS / TRICARE	3.02%	2.77%	-0.25%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>17.14%</b>	<b>19.54%</b>	<b>2.39%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>50.83%</b>	<b>52.24%</b>	<b>1.41%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,669	4,292	(377)
2	MEDICARE	6,829	6,897	68
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,012	3,249	237
4	MEDICAID	2,568	3,192	624
5	OTHER MEDICAL ASSISTANCE	444	57	(387)
6	CHAMPUS / TRICARE	954	890	(64)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	168	89	(79)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>10,795</b>	<b>11,036</b>	<b>241</b>
	<b>TOTAL DISCHARGES</b>	<b>15,464</b>	<b>15,328</b>	<b>(136)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17,445	16,534	(911)
2	MEDICARE	38,032	40,206	2,174
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,488	14,396	908
4	MEDICAID	11,334	14,089	2,755
5	OTHER MEDICAL ASSISTANCE	2,154	307	(1,847)
6	CHAMPUS / TRICARE	2,796	2,946	150
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	636	334	(302)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>54,316</b>	<b>57,548</b>	<b>3,232</b>
	<b>TOTAL PATIENT DAYS</b>	<b>71,761</b>	<b>74,082</b>	<b>2,321</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.9	0.1
2	MEDICARE	5.6	5.8	0.3
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.5	4.4	(0.0)
4	MEDICAID	4.4	4.4	0.0
5	OTHER MEDICAL ASSISTANCE	4.9	5.4	0.5
6	CHAMPUS / TRICARE	2.9	3.3	0.4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.8	3.8	(0.0)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.0</b>	<b>5.2</b>	<b>0.2</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.6</b>	<b>4.8</b>	<b>0.2</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05870	1.11480	0.05610
2	MEDICARE	1.44890	1.43700	(0.01190)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92398	0.95109	0.02711
4	MEDICAID	0.89310	0.95280	0.05970
5	OTHER MEDICAL ASSISTANCE	1.10260	0.85520	(0.24740)
6	CHAMPUS / TRICARE	0.73020	0.90340	0.17320
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.91870	0.89100	(0.02770)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.23892</b>	<b>1.25092</b>	<b>0.01199</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.18451</b>	<b>1.21280</b>	<b>0.02829</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$224,291,485	\$240,219,404	\$15,927,919
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$149,127,437	\$151,294,809	\$2,167,372
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,164,048	\$88,924,595	\$13,760,547
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	33.51%	37.02%	3.51%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$12,440,436	\$15,323,591	\$2,883,155
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,349,828	\$7,910,671	\$560,843
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$1,906,334	\$0	(\$1,906,334)
8	CHARITY CARE	\$3,153,445	\$3,148,344	(\$5,101)
9	BAD DEBTS	\$14,381,177	\$13,865,210	(\$515,967)
10	TOTAL UNCOMPENSATED CARE	\$17,534,622	\$17,013,554	(\$521,068)
11	TOTAL OTHER OPERATING REVENUE	\$224,291,485	\$240,219,404	\$15,927,919
12	TOTAL OPERATING EXPENSES	\$299,648,936	\$312,331,109	\$12,682,173

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,943.07030	4,784.72160	(158.34870)
2	MEDICARE	9,894.53810	9,910.98900	16.45090
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,783.03520	3,090.08400	307.04880
4	MEDICAID	2,293.48080	3,041.33760	747.85680
5	OTHER MEDICAL ASSISTANCE	489.55440	48.74640	(440.80800)
6	CHAMPUS / TRICARE	696.61080	804.02600	107.41520
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	154.34160	79.29900	(75.04260)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>13,374.18410</b>	<b>13,805.09900</b>	<b>430.91490</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>18,317.25440</b>	<b>18,589.82060</b>	<b>272.56620</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,493.47083	10,697.36297	203.89213
2	MEDICARE	4,713.91881	4,767.64684	53.72803
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,395.99924	4,056.30593	660.30669
4	MEDICAID	2,917.88764	4,002.50460	1,084.61696
5	OTHER MEDICAL ASSISTANCE	478.11160	53.80132	-424.31027
6	CHAMPUS / TRICARE	2,027.79044	1,674.79337	-352.99707
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	715.94965	878.05988	162.11023
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>10,137.70849</b>	<b>10,498.74613</b>	<b>361.03764</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>20,631.17932</b>	<b>21,196.10910</b>	<b>564.92978</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,645.70	\$10,908.97	\$263.27
2	MEDICARE	\$7,359.53	\$6,975.61	(\$383.92)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,073.40	\$6,020.28	\$946.89
4	MEDICAID	\$5,391.34	\$6,073.68	\$682.34
5	OTHER MEDICAL ASSISTANCE	\$3,583.89	\$2,688.81	(\$895.08)
6	CHAMPUS / TRICARE	\$6,039.69	\$5,957.85	(\$81.84)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,815.06</b>	<b>\$6,702.50</b>	<b>(\$112.56)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,848.79</b>	<b>\$7,785.18</b>	<b>(\$63.62)</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,387.06	\$9,263.82	(\$123.24)
2	MEDICARE	\$5,435.42	\$6,465.69	\$1,030.27
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,618.98	\$4,926.59	\$307.61
4	MEDICAID	\$4,677.36	\$4,879.19	\$201.83
5	OTHER MEDICAL ASSISTANCE	\$4,262.69	\$8,452.56	\$4,189.87
6	CHAMPUS / TRICARE	\$4,350.67	\$5,008.15	\$657.48
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$4,944.95</b>	<b>\$5,638.53</b>	<b>\$693.58</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,204.31</b>	<b>\$7,468.16</b>	<b>\$263.85</b>

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$2,211,933	\$6,349,956	\$4,138,023
2	OTHER MEDICAL ASSISTANCE	\$2,409,074	\$102,069	(\$2,307,005)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$4,621,008</b>	<b>\$6,452,026</b>	<b>\$1,831,018</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$624,951,148	\$661,160,920	\$36,209,772
2	TOTAL GOVERNMENT DEDUCTIONS	\$232,501,008	\$257,198,613	\$24,697,605
3	UNCOMPENSATED CARE	\$17,534,622	\$17,013,554	(\$521,068)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,164,048	\$88,924,595	\$13,760,547
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,349,828	\$7,910,671	\$560,843
6	TOTAL ADJUSTMENTS	\$332,549,506	\$371,047,433	\$38,497,927
7	TOTAL ACCRUED PAYMENTS	\$292,401,642	\$290,113,487	(\$2,288,155)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,906,334	\$0	(\$1,906,334)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$294,307,976	\$290,113,487	(\$4,194,489)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4709295710	0.4387940639	(0.0321355070)
11	COST OF UNCOMPENSATED CARE	\$8,257,572	\$7,465,447	(\$792,126)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$15,544,205	\$9,724,206	(\$5,819,999)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$23,801,777	\$17,189,653	(\$6,612,124)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	68.04%	72.27%	4.23%
2	MEDICARE	50.49%	44.36%	-6.13%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.17%	37.98%	6.81%
4	MEDICAID	33.28%	38.48%	5.20%
5	OTHER MEDICAL ASSISTANCE	21.53%	13.40%	-8.12%
6	CHAMPUS / TRICARE	39.00%	39.15%	0.15%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>45.50%</b>	<b>42.63%</b>	<b>-2.87%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>51.78%</b>	<b>50.03%</b>	<b>-1.75%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	56.67%	55.05%	-1.62%
2	MEDICARE	25.74%	28.62%	2.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30.76%	32.70%	1.94%
4	MEDICAID	32.33%	32.44%	0.11%
5	OTHER MEDICAL ASSISTANCE	23.22%	49.27%	26.05%
6	CHAMPUS / TRICARE	38.47%	36.43%	-2.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>28.90%</b>	<b>30.85%</b>	<b>1.95%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>42.80%</b>	<b>42.57%</b>	<b>-0.23%</b>

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$292,401,638	\$303,020,939	\$10,619,301
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,906,334	\$0	(\$1,906,334)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$294,307,972</b>	<b>\$303,020,939</b>	<b>\$8,712,967</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,255,002	\$15,792,142	\$3,537,140
4	<b>CALCULATED NET REVENUE</b>	<b>\$306,562,974</b>	<b>\$318,813,081</b>	<b>\$12,250,107</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$306,562,977	\$318,813,210	\$12,250,233
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$3)</b>	<b>(\$129)</b>	<b>(\$126)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$624,951,148	\$661,160,920	\$36,209,772
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$624,951,148</b>	<b>\$661,160,920</b>	<b>\$36,209,772</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$624,951,148	\$661,160,918	\$36,209,770
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$2</b>	<b>\$2</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$17,534,622	\$17,013,554	(\$521,068)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,126,174	\$3,220,157	\$1,093,983
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$19,660,796</b>	<b>\$20,233,711</b>	<b>\$572,915</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$19,660,796	\$20,233,711	\$572,915
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$72,224,395
2	MEDICARE	155,839,588
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	48,982,709
4	MEDICAID	48,004,808
5	OTHER MEDICAL ASSISTANCE	977,901
6	CHAMPUS / TRICARE	12,235,130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,105,922
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$217,057,427</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$289,281,822</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$180,011,782
2	MEDICARE	107,726,275
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	61,117,092
4	MEDICAID	60,194,068
5	OTHER MEDICAL ASSISTANCE	923,024
6	CHAMPUS / TRICARE	23,023,949
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10,910,851
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$191,867,316</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$371,879,098</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$252,236,177
2	TOTAL GOVERNMENT ACCRUED CHARGES	408,924,743
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$661,160,920</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,196,374
2	MEDICARE	69,135,193
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,603,181
4	MEDICAID	18,472,111
5	OTHER MEDICAL ASSISTANCE	131,070
6	CHAMPUS / TRICARE	4,790,269
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$92,528,643</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$144,725,017</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$99,098,435
2	MEDICARE	30,826,121
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19,983,752
4	MEDICAID	19,528,993
5	OTHER MEDICAL ASSISTANCE	454,759
6	CHAMPUS / TRICARE	8,387,614
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$59,197,487</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$158,295,922</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$151,294,809
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	151,726,130
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$303,020,939</b>

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,292
2	MEDICARE	6,897
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,249
4	MEDICAID	3,192
5	OTHER MEDICAL ASSISTANCE	57
6	CHAMPUS / TRICARE	890
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	89
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>11,036</b>
	<b>TOTAL DISCHARGES</b>	<b>15,328</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.11480
2	MEDICARE	1.43700
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.95109
4	MEDICAID	0.95280
5	OTHER MEDICAL ASSISTANCE	0.85520
6	CHAMPUS / TRICARE	0.90340
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.89100
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.25092</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.21280</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$240,219,404
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$151,294,809
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$88,924,595
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	37.02%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$15,323,591
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,910,671
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$3,148,344
9	BAD DEBTS	\$13,865,210
10	TOTAL UNCOMPENSATED CARE	\$17,013,554
11	TOTAL OTHER OPERATING REVENUE	\$15,662,907
12	TOTAL OPERATING EXPENSES	\$312,331,109

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$303,020,939
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$303,020,939</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$15,792,142
	<b>CALCULATED NET REVENUE</b>	<b>\$318,813,081</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$318,813,210
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$129)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$661,160,920
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$661,160,920</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$661,160,918
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$2</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$17,013,554
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$3,220,157
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$20,233,711</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$20,233,711
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2011</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	1,481	1,544	63	4%
2	Number of Approved Applicants	1,354	1,383	29	2%
3	<b>Total Charges (A)</b>	<b>\$3,153,445</b>	<b>\$3,148,344</b>	<b>(\$5,101)</b>	<b>0%</b>
4	<b>Average Charges</b>	<b>\$2,329</b>	<b>\$2,276</b>	<b>(\$53)</b>	<b>-2%</b>
5	Ratio of Cost to Charges (RCC)	0.470923	0.468755	(0.002168)	0%
6	<b>Total Cost</b>	<b>\$1,485,030</b>	<b>\$1,475,802</b>	<b>(\$9,228)</b>	<b>-1%</b>
7	<b>Average Cost</b>	<b>\$1,097</b>	<b>\$1,067</b>	<b>(\$30)</b>	<b>-3%</b>
8	Charity Care - Inpatient Charges	\$980,052	\$650,292	(\$329,760)	-34%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,437,283	1,517,355	80,072	6%
10	Charity Care - Emergency Department Charges	736,110	980,697	244,587	33%
11	<b>Total Charges (A)</b>	<b>\$3,153,445</b>	<b>\$3,148,344</b>	<b>(\$5,101)</b>	<b>0%</b>
12	Charity Care - Number of Patient Days	259	230	(29)	-11%
13	Charity Care - Number of Discharges	66	46	(20)	-30%
14	Charity Care - Number of Outpatient ED Visits	605	857	252	42%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,626	1,516	(110)	-7%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$2,792,696	\$3,586,698	\$794,002	28%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,217,890	3,862,447	(355,443)	-8%
3	Bad Debts - Emergency Department	7,370,591	6,416,065	(954,526)	-13%
4	<b>Total Bad Debts (A)</b>	<b>\$14,381,177</b>	<b>\$13,865,210</b>	<b>(\$515,967)</b>	<b>-4%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$3,153,445	\$3,148,344	(\$5,101)	0%
2	Bad Debts (A)	14,381,177	13,865,210	(515,967)	-4%
3	<b>Total Uncompensated Care (A)</b>	<b>\$17,534,622</b>	<b>\$17,013,554</b>	<b>(\$521,068)</b>	<b>-3%</b>
4	Uncompensated Care - Inpatient Services	\$3,772,748	\$4,236,990	\$464,242	12%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,655,173	5,379,802	(275,371)	-5%
6	Uncompensated Care - Emergency Department	8,106,701	7,396,762	(709,939)	-9%
7	<b>Total Uncompensated Care (A)</b>	<b>\$17,534,622</b>	<b>\$17,013,554</b>	<b>(\$521,068)</b>	<b>-3%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2010	(4) FY 2011	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$224,291,485	\$240,219,404	\$15,927,919	7%
2	Total Contractual Allowances	\$75,164,048	\$88,924,595	\$13,760,547	18%
	<b>Total Accrued Payments (A)</b>	<b>\$149,127,437</b>	<b>\$151,294,809</b>	<b>\$2,167,372</b>	<b>1%</b>
	<b>Total Discount Percentage</b>	<b>33.51%</b>	<b>37.02%</b>	<b>3.51%</b>	<b>10%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$248,699,567	\$277,650,576	\$289,281,822
2	Outpatient Gross Revenue	\$328,160,769	\$347,300,572	\$371,879,098
3	Total Gross Patient Revenue	\$576,860,336	\$624,951,148	\$661,160,920
4	Net Patient Revenue	\$280,126,452	\$306,562,977	\$318,813,210
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$277,530,735	\$299,648,936	\$312,331,109
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	69,025	71,761	74,082
2	Discharges	14,857	15,464	15,328
3	Average Length of Stay	4.6	4.6	4.8
4	Equivalent (Adjusted) Patient Days (EPD)	160,104	161,524	169,316
0	Equivalent (Adjusted) Discharges (ED)	34,461	34,807	35,033
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.13449	1.18451	1.21280
2	Case Mix Adjusted Patient Days (CMAPD)	78,308	85,002	89,847
3	Case Mix Adjusted Discharges (CMAD)	16,855	18,317	18,590
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	181,636	191,326	205,347
5	Case Mix Adjusted Equivalent Discharges (CMAED)	39,095	41,229	42,488
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$8,357	\$8,709	\$8,925
2	Total Gross Revenue per Discharge	\$38,828	\$40,413	\$43,134
3	Total Gross Revenue per EPD	\$3,603	\$3,869	\$3,905
4	Total Gross Revenue per ED	\$16,740	\$17,955	\$18,873
5	Total Gross Revenue per CMAEPD	\$3,176	\$3,266	\$3,220
6	Total Gross Revenue per CMAED	\$14,755	\$15,158	\$15,561
7	Inpatient Gross Revenue per EPD	\$1,553	\$1,719	\$1,709
8	Inpatient Gross Revenue per ED	\$7,217	\$7,977	\$8,258

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$4,058	\$4,272	\$4,304
2	Net Patient Revenue per Discharge	\$18,855	\$19,824	\$20,799
3	Net Patient Revenue per EPD	\$1,750	\$1,898	\$1,883
4	Net Patient Revenue per ED	\$8,129	\$8,807	\$9,100
5	Net Patient Revenue per CMAEPD	\$1,542	\$1,602	\$1,553
6	Net Patient Revenue per CMAED	\$7,165	\$7,436	\$7,504
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$4,021	\$4,176	\$4,216
2	Total Operating Expense per Discharge	\$18,680	\$19,377	\$20,377
3	Total Operating Expense per EPD	\$1,733	\$1,855	\$1,845
4	Total Operating Expense per ED	\$8,053	\$8,609	\$8,915
5	Total Operating Expense per CMAEPD	\$1,528	\$1,566	\$1,521
6	Total Operating Expense per CMAED	\$7,099	\$7,268	\$7,351
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$43,478,209	\$45,991,977	\$48,372,889
2	Nursing Fringe Benefits Expense	\$12,031,371	\$13,654,674	\$14,297,260
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$55,509,580</b>	<b>\$59,646,651</b>	<b>\$62,670,149</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$2,902,131	\$2,994,322	\$2,740,700
2	Physician Fringe Benefits Expense	\$803,083	\$888,992	\$810,051
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$3,705,214</b>	<b>\$3,883,314</b>	<b>\$3,550,751</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$81,739,427	\$85,567,860	\$90,052,061
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$22,619,086	\$25,404,457	\$26,616,102
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$104,358,513</b>	<b>\$110,972,317</b>	<b>\$116,668,163</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$128,119,767	\$134,554,159	\$141,165,650
2	Total Fringe Benefits Expense	\$35,453,540	\$39,948,123	\$41,723,413
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$163,573,307</b>	<b>\$174,502,282</b>	<b>\$182,889,063</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	496.6	496.9	519.2
2	Total Physician FTEs	8.0	8.1	9.4
3	Total Non-Nursing, Non-Physician FTEs	1384.7	1387.8	1410.5
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,889.3</b>	<b>1,892.8</b>	<b>1,939.1</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$87,552	\$92,558	\$93,168
2	Nursing Fringe Benefits Expense per FTE	\$24,227	\$27,480	\$27,537
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$111,779</b>	<b>\$120,038</b>	<b>\$120,705</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$362,766	\$369,669	\$291,564
2	Physician Fringe Benefits Expense per FTE	\$100,385	\$109,752	\$86,176
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$463,152</b>	<b>\$479,421</b>	<b>\$377,739</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$59,030	\$61,657	\$63,844
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,335	\$18,306	\$18,870
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$75,365</b>	<b>\$79,963</b>	<b>\$82,714</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$67,813	\$71,087	\$72,800
2	Total Fringe Benefits Expense per FTE	\$18,765	\$21,105	\$21,517
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$86,579</b>	<b>\$92,193</b>	<b>\$94,316</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,370	\$2,432	\$2,469
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,010	\$11,284	\$11,932
3	Total Salary and Fringe Benefits Expense per EPD	\$1,022	\$1,080	\$1,080
4	Total Salary and Fringe Benefits Expense per ED	\$4,747	\$5,013	\$5,221
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$901	\$912	\$891
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,184	\$4,232	\$4,305